# 2001

# ILLINOIS REGISTER

## RULES OF GOVERNMENTAL AGENCIES



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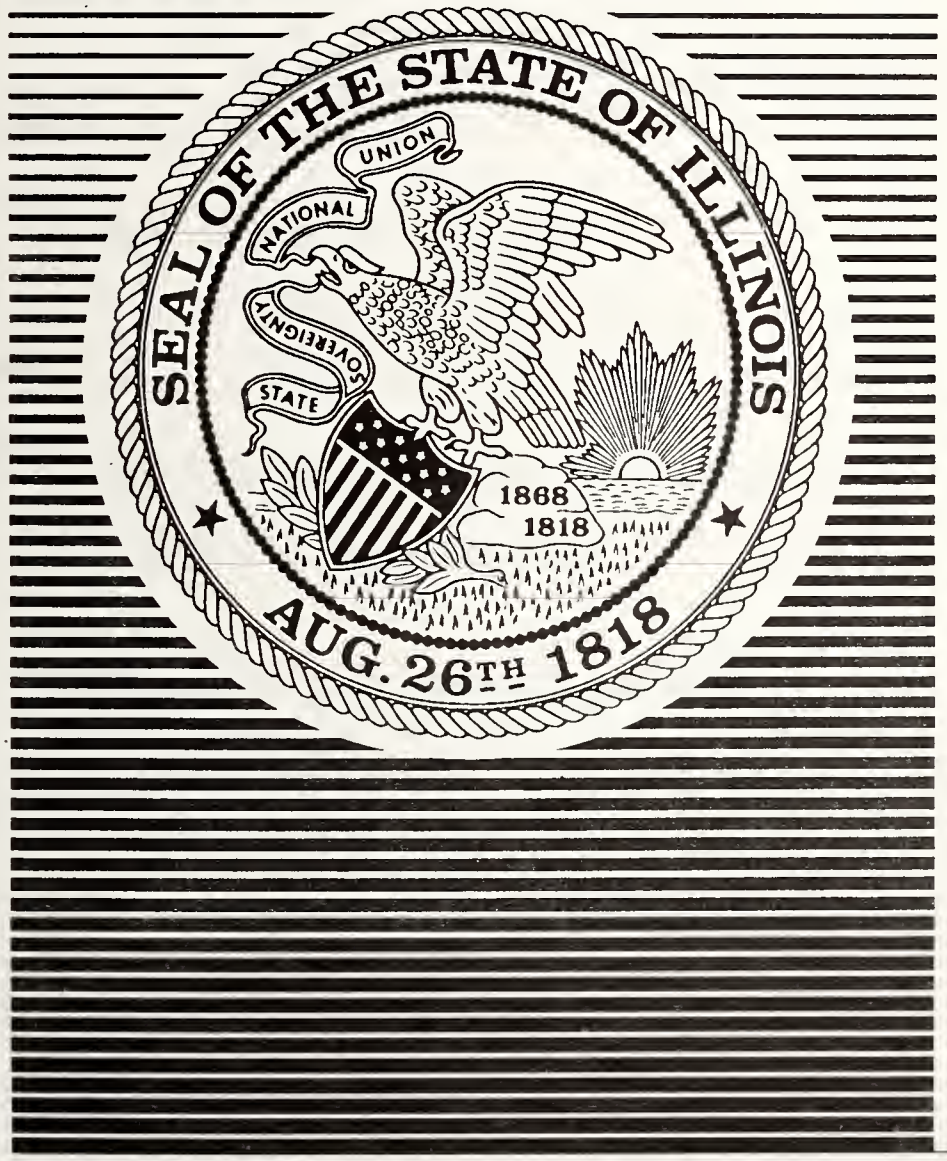


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| Issue 27 | June 25 | July 6 | | | |

* Tuesday 12 noon deadline following a state holiday.
** Monday publication date following a state holiday.



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DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Conditions of Employment

2) Code Citation: 80 Ill. Adm. Code 303

3) Section Number: 303.176 Proposed Action: New

4) Statutory Authority: Implementing and authorized by the Personnel Code [20 ILCS 415].

5) A Complete Description of the Subjects and Issues Involved: The devastation resulting from the terrorist attack on September 11, 2001, is unprecedented. This rulemaking will allow State of Illinois employees to take a paid leave to provide needed assistance in response to requests from the American Red Cross or the Illinois Emergency Management Agency (IEMA). Current rules restrict paid leave for such a purpose to disasters occurring in Illinois and to certified disaster volunteers. This rule removes such restrictions.

6) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part? No

10) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local government.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments within 45 days of the date of this publication to:

Stephen W. Seiple
720 Stratton Office Building
Springfield IL 62706
217/782-9669

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None



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NOTICE OF PROPOSED AMENDMENT

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent regulatory agendas because: the need for the rule arose from unforeseen terrorist attack on September 11, 2001.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment that appears on page 12243 of this issue of the *Illinois Register*.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Financial Futures Contracts

2) Code Citation: 50 Ill. Adm. Code 805

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 805.10 | Repeal |
| 805.20 | Repeal |
| 805.30 | Repeal |
| 805.40 | Repeal |
| 805.50 | Repeal |
| 805.60 | Repeal |
| 805.70 | Repeal |

4) Statutory Authority: Implementing Article VIII and Section 133 and authorized by Sections 125.23a and 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 736 et seq., 745, 737.23a and 1013) [215 ILCS 5/Art. VIII, 133, 125.23a and 401].

5) A Complete Description of the Subjects and Issues Involved: This rule is being repealed because it has been superseded by the addition of Sections 126.18, Derivative Transactions, and 126.31, Derivative Transactions, to the Illinois Insurance Code [215 ILCS 5/126.18 and 126.31].

6) Will this proposed repealer replace an emergency rulemaking currently in effect? No

7) Does this repealer contain an automatic repeal date? No

8) Does this proposed repealer contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

James C. Rundblom
Staff Attorney
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8559

or

Susan Anders
Paralegal
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8220



DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Department did not anticipate the need to repeal this rule within the last 12 months.

The full text of the Proposed Repealer begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER j: INVESTMENTS OF DOMESTIC COMPANIES

PART 805
FINANCIAL FUTURES CONTRACTS (REPEALED)

Section
805.10 Authority
805.20 Purpose
805.30 Definitions
805.40 Transactions in Financial Futures
805.50 Accounting for Transactions in Financial Futures Contracts
805.60 Administration and Recordkeeping
805.70 Severability Provision

AUTHORITY: Implementing Article VIII and Section 133 and authorized by Sections 125.23a and 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 736 et seq., 745, 737.23a and 1013) [213 ILCS 5/Art. VIII, 133, 125.23a and 401].

SOURCE: Adopted at 6 Ill. Reg. 2700, effective March 2, 1982; codified at 7 Ill. Reg. 4212; amended at 8 Ill. Reg. 15034, effective August 8, 1984; emergency amendment at 17 Ill. Reg. 154, effective December 15, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 6775, effective April 26, 1993; repealed at 25 Ill. Reg. _____, effective _____.

**Section 805.10 Authority**

This Part is issued by the Director of Insurance under Section 125.23a and Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 737.23a and 1013) [215 ILCS 5/125.23a and 401] which empowers the Director "...to *make reasonable rules and regulations as may be necessary for making effective*..." the insurance laws of this State.

**Section 805.20 Purpose**

It is the purpose of this Part to implement Article VIII of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 736 et seq.) [215 ILCS 5/124 et seq.]; and Section 133 of the Illinois Insurance Code, (Ill. Rev. Stat. 1991, ch. 73, par. 745) [215 ILCS 5/133] by setting forth requirements and limitations relating to participation by a domestic insurance company (hereinafter "insurer") in the exchange-traded financial futures markets; and by establishing recordkeeping requirements concerning such transactions.

**Section 805.30 Definitions**

Commodity Futures Trading Commission means the federal regulatory



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agency charged and empowered under the Commodity Futures Trading Commission Act of 1974 (7 U.S.C. 1 et seq.) with regulation of the commodity exchanges or any other agency of the federal government which thereafter succeeds to or shares such power.

Deferred gains or losses are the amounts of unrecognized increase and decrease in the value of financial futures contracts related to uncompleted hedging transactions. These deferred amounts may, in some cases, result from terminated financial futures contracts.

Exchange-traded means traded under the terms and conditions required by, or substantially similar to, a National Securities Exchange registered under the Securities and Exchange Act of 1934 (15 U.S.C. 78(a) et seq.) which has been authorized to provide a market for option contracts pursuant to Rule 9b-1 of the Securities and Exchange Act of 1934, as amended, or traded on a commodity exchange designed as a contract market regulated by the Commodity Futures Trading Commission (Ill. Rev. Stat. 1991, ch. 73, par. 737.24(a)) [215 ILCS 5/125.24a].

Financial futures contract means an exchange-traded contract which is based upon a "commodity" as defined in Section 2(a)(1)(A) of the Commodity Exchange Act, as amended (7 U.S.C. 1 et seq.), or any other successor statute or one or more financial instruments, under terms and conditions regulated by the Commodity Futures Trading Commission.

Financial instrument means:

a security, currency, deposit or any other instrument, or index of a group of securities, currencies, deposits or instruments authorized or permitted under Sections 125.1a through 125.12a or Section 125.21a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 737.1a through 737.12a and 737.21a) [215 ILCS 5/125.1a through 125.12a and 125.21a]; or

an index or pool which is composed of (or is otherwise based upon) insurance-related items.

Hedge is a positioning of a hedged item with one or more hedging transactions.

Hedged Item is a company asset, liability, revenue or expense, group, combination or ratio of company assets, liabilities, revenues or expenses, or any such items or group of items reasonably expected to be acquired, incurred or generated by the company in the normal course of business. Such items must bear price, valuation, interest rate or, with respect to insurance-related items, underwriting or other insurance-related risk.

Hedging Transaction is the opening or closing, as such transaction may

be adjusted from time to time, of one or more qualifying financial futures contracts or call or put options which can reasonably be expected to reduce the price, valuation, interest rate or, with respect to insurance-related items, underwriting or other insurance-related risk of the hedged item.

Insurance-related items are those assets, liabilities, revenues or expenses (including groups, combinations or ratios thereof) or other data of an insurance company related to the issuance of insurance policies or reinsurance treaties or the assumption of risk inherent therein, or otherwise related to the business of insurance.

Margin includes initial and maintenance margins and means any type of deposit or settlement made or required to be made with a futures commission merchant, security broker, clearinghouse, or safekeeping agent to ensure performance of the terms of the financial futures contract. For purposes of this Part, "maintenance margin" includes "variance margin."

Qualifying financial futures contract means a financial futures contract which is based upon one or more financial instruments or which has been approved in writing by the Director, upon an insurer's demonstrating to the satisfaction of the Director that the use of such financial futures contract can reasonably be expected to reduce the price, valuation, interest rate or, with respect to insurance-related items, underwriting or other insurance-related risk to which the insurer is subject.

**Section 805.40 Transactions in Financial Futures**

a) An insurer shall not enter into a financial futures contract unless it is a qualifying financial futures contract and is used in the context of a hedging transaction. If during the life of a hedge, the total dollar variation between the hedged item and the hedging transaction no longer is expected to be significantly correlated, the transaction will no longer be considered a hedge and the financial futures contract must be closed. Transactions in financial futures must be evidenced by a trade confirmation or other evidence of ownership issued to the insurer by an entity authorized to do so, as described in the definition of "Exchange-traded" in Section 805.30 of this Part.

b) An insurer shall never have an aggregate of any form of margin and net deferred gains and losses from terminated financial futures contracts outstanding, under Section 125.23a of the Illinois Insurance Code, *of more than 10% of the excess of its capital and surplus over the minimum requirements of a new stock or mutual company to qualify for a certificate of authority to write the kind of insurance which the insurer is authorized to write.* Insurer assets utilized to fulfill margin requirements shall be classified exclusively under Section



125.23a, notwithstanding any other investment sections of the Code under which the assets may have previously or may in the future be qualified. Further, with respect to any financial futures contract which relates to an underlying investment position authorized or permitted under Section 125.1a through 125.12a or Section 125.21a of the Illinois Insurance Code, an insurer shall not take a "long" financial futures position (i.e., buy futures contracts) representing an amount of securities, currencies, deposits or other instruments which, when aggregated with current holdings would exceed the applicable limitations contained in Sections 125.1a through 125.12a and Section 125.21a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 737.1a through 737.12a and 737.21a) [215 ILCS 5/125.1a through 125.12a and 125.21a] whether or not the underlying investment position is taken at the delivery date of the future contract.

**Section 805.50 Accounting for Transactions in Financial Futures Contracts**

a) Assets or liabilities carried at amortized cost.
   1) Gains and losses from hedged transactions may be deferred for hedged items carried at amortized cost. If the dollar change in the hedged item is different than the total dollar change from the hedging transactions, the difference in dollar change (i.e., the extent to which the transaction is not effective as a hedge), if expected to be permanent, shall be recognized currently. Until a hedge is terminated, deferred gains and losses are liabilities and assets respectively.
   2) After the hedge is terminated, deferred gains and losses shall be included in the amortized cost of the hedged item subject to the limitation that the amortized cost of the hedged item may not be increased above its fair market value. If the hedged item is no longer anticipated to be acquired or incurred, the hedge must be terminated and the deferred gain or loss from the hedging transactions must be recognized currently.
   3) Allocation of gains or losses to the hedged item shall be recognized in a systematic and rational method, as set forth in Section 805.60(b) of this Part.

b) Assets or liabilities carried at market value.
   For assets and liabilities carried at market value, gains or losses on open hedging transactions shall be recognized currently.

**Section 805.60 Administration and Recordkeeping**

a) Prior to engaging in transactions in financial futures contracts, an insurer shall develop and adequately document policies and procedures regarding investment strategies and objectives, recordkeeping needs, and reporting matters. Such policies and procedures shall address authorized investment and liability positions, applicable limitations,

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authorization and approval procedures, accounting and reporting procedures and controls, and shall provide for review of activity in financial futures contracts by the insurer's board of directors or its designee, as set forth in subsection (b) below.

b) Recordkeeping systems must be sufficiently detailed to permit auditors and insurance department examiners to determine whether operating personnel have acted in accordance with established policies and procedures, as set forth in subsection (a) above, and for determination of compliance with other Sections of this Part. Insurer records must identify for each hedging transaction the related financial futures contracts, the hedged items and the risks being reduced by the hedging transaction.

c) Each financial futures contract transaction must be authorized or ratified by the company as provided for in Section 124.1 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 736.1) [215 ILCS 5/124.1].

**Section 805.70 Severability Provision**

If any Section or portion of a Section of this Part, or the applicability thereof to any person or circumstances, is held invalid by a court, the remainder of this Part, or the applicability of such provision to other persons or circumstances, shall not be affected thereby.



DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Lending of Securities

2) Code Citation: 50 Ill. Adm. Code 803

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 803.20 | Repeal |
| 803.30 | Repeal |
| 803.40 | Repeal |
| 803.50 | Repeal |
| 803.60 | Repeal |

4) Statutory Authority: Implementing Article VIII and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1985, ch. 73, pars. 736 et seq. and 1013).

5) A Complete Description of the Subjects and Issues Involved: This rule is being repealed because it has been superseded by the addition of Section 126.16, Securities Lending and Repurchase, Reverse Repurchase, and Dollar Roll Transactions, and Section 126.29, Securities Lending and Repurchase, Reverse Repurchase, and Dollar Roll Transactions, to the Illinois Insurance Code [215 ILCS 5/126.16 and 126.29].

6) Will this proposed repealer replace an emergency rulemaking currently in effect? No

7) Does this repealer contain an automatic repeal date? No

8) Does this proposed repealer contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

James C. Rundblom
Staff Attorney
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8559

or

Susan Anders
Paralegal
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8220

12) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF INSURANCE

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A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Department did not anticipate the need to repeal this rule within the last 12 months.

The full text of the Proposed Repealer begins on the next page:



DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER j: INVESTMENTS OF DOMESTIC COMPANIES

PART 803
LENDING OF SECURITIES (REPEALED)

Section
803.10 Authority (Repealed)
803.20 Purpose
803.30 Definitions
803.40 Agreement
803.50 Limitations, Valuation and Reporting
803.60 Severability Provision

AUTHORITY: Implementing Article VIII and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1985, ch. 73, pars. 736 et seq. and 1013).

SOURCE: Adopted at 4 Ill. Reg. 7, p. 120, effective February 15, 1980; codified at 7 Ill. Reg. 2357; amended at 10 Ill. Reg. 18177, effective October 10, 1986; repealed at 25 Ill. Reg. _____, effective _____.

**Section 803.20 Purpose**

It is the purpose of this Part to implement Article VIII of the Code (Ill. Rev. Stat. 1985, ch. 73, pars. 736, et seq.) by setting forth requirements and limitations relating to domestic companies' participation in the investment practice of "Lending of Securities."

**Section 803.30 Definitions**

"Bank or Trust Company" means any bank or trust company organized under the laws of the United States or any State thereof and said bank or trust company is regularly examined pursuant to such laws.

"Lending of Securities" means the investment practice other than repurchase agreements, whereby an agreement is entered which transfers ownership rights and possession of securities to the borrower of such securities with the agreement providing for a return of ownership rights and possession of the securities to the lender at a specified date or upon demand.

"Registered Securities Broker" means a securities broker registered under the Federal Securities Exchange Act of 1934 (15 U.S.C. 78a et seq.).

**Section 803.40 Agreement**

The agreement between the domestic company and the borrower must be reduced to writing and contain provisions providing for the following:

a) All loans must terminate no more than one year from the date of origination. In addition, the domestic company must have the right to terminate the loan in a maximum of the normal settlement time for the loaned security plus one day, after receipt of the notice by the borrower. Such right must include the ability to terminate a loan at the domestic company's discretion to permit the domestic company to vote on any matter presented to the owners of record of said security.

b) At the termination of the loan, the borrower must be obligated to return securities identical in all respects to the securities lent, except as to certificate number.

c) The domestic company must be entitled to receive from the borrower all distributions made by the issuer of the loaned securities during the duration of the loan, including cash dividends, stock dividends, stock splits and interest distributions of any kind declared, granted or made by the issuer, or any affiliate thereof, and rights to purchase or subscribe for additional securities.

d) The borrower must provide at the inception of the loan collateral in the form of cash in an amount at least equal to the market value of the loaned securities, or an irrevocable letter of credit drawn on a bank acceptableto the domestic company in an amount at least equal to the market value of the loaned securities, or U.S. Government securities having a market value at least equal to the market value of the loaned securities.

e) If the market of the collateral provided by the borrower should become an amount less than 100% of the market value of the loaned securities at the close of any business day, the borrower must immediately provide additional collateral to increase the market value of the collateral up to an amount at least equal to the market value of the loaned securities.

f) If the collateral is an irrevocable letter of credit, a replacement letter of credit replacing the existing letter or credit must be in the possession of the domestic company a minimum of the normal settlement time for the security loaned plus four business days before the expiration date of the existing letter of credit. If a replacement letter of credit is not in the possession of the domestic company by the required time, the domestic company must perfect its rights under the existing letter of credit. The release of a letter of credit, before expiration, must be conditioned to the actual return of the loaned securities to the domestic company.

g) The domestic company must have and exercise the right to use the collateralto purchase securities of the same issue in the principal market where the securities are traded should the borrower fail to return the securities as required or requested. The loan agreement between the domestic company and the borrower must detail how to



handle excess collateral, or a deficiency, after such purchase.

**Section 803.50 Limitations, Valuation and Reporting**

a) The borrower must be a registered securities broker, or bank or trust company or registered as a primary dealer of government securities with the Federal Reserve System.

b) If the domestic company has investment discretion concerning the collateral, the collateral may only be invested in assets with a maturity date no later than one year from date of purchase, and that, if held directly by the domestic company, would qualify as admitted assets pursuant to Article VIII of the Illinois Insurance Code.

c) Each security loan transaction and investment of the collateral must receive action by the domestic company as provided for in Section 124.1 of the Illinois Insurance Code.

d) The valuation procedures as prescribed in the National Association of Insurance Commissioner's "Valuations of Securities" manual shall be used to value loaned securities in the financial statements filed with the Illinois Director of Insurance.

e) In the financial statements filed with the Illinois Director of Insurance, loaned securities will be reported as designated by the Illinois Director of Insurance. The Illinois Supplement to the Annual Statement will contain reporting instructions and all necessary forms to report loaned security activities.

f) In those situations where the securities are held out of State, the domestic company must deposit the collateral with a bank or trust company. All accounts or deposits pursuant to this Part must be established in strict conformity with the applicable provisions of Department of Insurance Rule, Internal Security Standards and Fidelity Bonds (50 Ill. Adm. Code 904).

g) The domestic company shall maintain within the State of Illinois original copies of all agreements to lend securities and any attachments, amendments or exhibits thereto. A current inventory of all loaned securities containing the identity of and location of all collateral shall be continuously maintained within the State of Illinois. In addition, adequate records will be maintained within the State of Illinois to verify the domestic company's activities in loaned securities and the possession of the necessary collateral.

**Section 803.60 Severability Provision**

If any section or portion of a section of this Part, or the applicability thereof to any person or circumstance is held invalid by a court, the remainder of the part, or the applicability of such provision to other persons or circumstances, shall not be affected thereby.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

1) Heading of Part: Purchasing and Selling Call and Put Options Contracts

2) Code Citation: 50 Ill. Adm. Code 802

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 802.10 | Repeal |
| 802.20 | Repeal |
| 802.30 | Repeal |
| 802.40 | Repeal |
| 802.50 | Repeal |
| 802.60 | Repeal |
| 802.70 | Repeal |
| 802.80 | Repeal |

4) Statutory Authority: Implementing Article VIII and Section 133 and authorized by Sections 125.24a and 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 736 et seq., 745, 737.24a, and 1013) [215 ILCS 5/Art. VIII, 133, 125.24a and 401].

5) A Complete Description of the Subjects and Issues Involved: This rule is being repealed because it has been superseded by the addition of Sections 126.18, Derivative Transactions, and 126.31, Derivative Transactions, to the Illinois Insurance Code [215 ILCS 5/126.18 and 126.31].

6) Will these proposed repealers replace an emergency amendment currently in effect? No

7) Do these repealers contain an automatic repeal date? No

8) Do these proposed repealers contain incorporations by reference? No

9) Are there any other proposed repealers pending on this Part? No

10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

James C. Rundblom
Staff Attorney
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8559

or

Susan Anders
Paralegal
Department of Insurance
320 West Washington
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(217) 785-8220



DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Department did not anticipate the need to repeal this rule within the last 12 months.

The full text of the Proposed Repealer begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER j: INVESTMENTS OF DOMESTIC COMPANIES

PART 802
PURCHASING AND SELLING CALL AND PUT OPTIONS CONTRACTS (REPEALED)

Section
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802.20 Definitions
802.30 Purchase of Exchange-Traded Call and Put Options
802.40 Sale and Assignment of Call and Exchange-Traded Put Options
802.50 Accounting for Transactions in Call and Put Options
802.60 Valuation
802.70 Administration and Recordkeeping
802.80 Severability Provision

AUTHORITY: Implementing Article VIII and Section 133 and authorized by Sections 125.24a and 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 736 et seq., 745, 737.24a and 1013) [215 ILCS 5/Art. VIII, 133, 125.24a and 401].

SOURCE: Filed February 14, 1977, effective March 1, 1977; amended at 6 Ill. Reg. 2690, effective March 2, 1982; codified at 6 Ill. Reg. 12460; amended at 8 Ill. Reg. 15044, effective August 8, 1984; emergency amendment at 17 Ill. Reg. 163, effective December 15, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 6783, effective April 26, 1993; repealed at 25 Ill. Reg. _____, effective _____.

**Section 802.10 Authority**

It is the purpose of this Part to implement Article VIII of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 736 et seq.) [215 ILCS 5/124 et seq.] and Section 133 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 745) [215 ILCS 5/133] by setting forth requirements and limitations for domestic companies relating to the purchase of call and put options traded on a registered national securities exchange or a designated commodities exchange; and the sale of call and put options; and by establishing recordkeeping requirements concerning such transactions.

**Section 802.20 Definitions**

Call Option means an option contract under which the holder of the option contact has the right, in accordance with the terms of the contract, to purchase (or to make a cash settlement in lieu thereof) the amount of the underlying financial instrument covered by the option contract.



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Closing purchase transaction means the purchase of a call or put option, the effect of which is to reduce or eliminate the obligations of an insurer as a call or put option writer with respect to an option contract or contracts.

Closing sale transaction means the writing (sale) of a call or put option, the effect of which is to reduce or eliminate the obligations of an insurer as a call or put option purchaser with respect to an option contract or contracts.

Commodity Futures Trading Commission means the federal regulatory agency charged and empowered under the Commodity Futures Trading Commission Act of 1974 (7 U.S.C. Section 1 et seq.) with regulation of the commodity exchanges or any other agency of the federal government which thereafter succeeds to or shares such power.

Escrowed securities means financial instruments owned by an insurance company with respect to which a custodial agreement has been entered.

Exchange-traded means traded under the *terms and conditions required by, or substantially similar to a National Securities Exchange registered under the Securities and Exchange Act of 1934* (15 U.S.C. Section 78(a) et seq.) which has been authorized to provide a market for option contracts pursuant to Rule 9b-1 of the Securities and Exchange Act of 1934, as amended, or *traded on a commodity exchange designated as a contract market regulated by the Commodity Futures Trading Commission* (Ill. Rev. Stat. 1991, ch. 73, par. 737.24(a)) [215 ILCS 5/125.24(a)].

Financial instrument means:

a security, currency, deposit or any other instrument, or index of a group ofsecurities, currencies, deposits or instruments, authorized or permitted under Sections 125.1a through 125.12a or Section 125.21a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 737.1 through 737.12a and 737.21a) [215 ILCS 5/125.1a through 125.12 and 125.21a]; or

an index or pool which is composed of (or is otherwise based upon) insurance-related items; or

a qualifying financial futures contract authorized under Section 125.23a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 737.1a through 737.12a, 737.21a and 737.23a) [215 ILCS 5/125.1a through 125.12a, 125.21a and 125.23a].

Guaranteed funds means cash or cash equivalents as may be defined under Federal Reserve Regulation T (12 CFR Section 220.1 et seq., May 20, 1982) or its equivalent successor federal regulation, which are owned by an insurer and with respect to which a guarantee letter has been issued.

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Guarantee letter means a letter issued by a bank or trust company organized under the laws of the United States or any state thereunder, and that is subject to the supervision and examination of a federal or state agency, which warrants that the bank or trust company has on deposit on behalf of its customer guaranteed funds sufficient to cover the purchase price of the underlying financial instrument subject to the option contract.

Insurance-related items are those assets, liabilities, revenues or expenses (including groups, combinations or ratios thereof) or other data of an insurance company related to the issuance of insurance policies or reinsurance treaties or the assumption of risk inherent therein, or otherwise related to the business of insurance.

Margin includes initial and maintenance margins and means any type of deposit or settlement, made or required to be made with a futures commission merchant, security broker, clearinghouse, or safekeeping agent to ensure performance of the terms of the option contract. For purposes of this Part, "maintenance margin" includes "variance margin".

Put option means an option contract under which the holder of the contract has the right, in accordance with the terms of the contract, to sell (or to make a cash settlement in lieu thereof) the amount of the underlying financial instrument covered by the put option contract.

Qualifying financial futures contract means an exchange-traded contract which is based upon one or more financial instruments or which has been approved in writing by the Director, upon an insurer's demonstrating to the satisfaction of the Director that the use of such contract can reasonably be expected to reduce the price, valuation, interest rate or, with respect to insurance-related items, underwriting or other insurance-related risk to which the insurer is subject, in either case under terms and conditions regulated by the Commodity Futures Trading Commission.

**Section 802.30 Purchase of Exchange-Traded Call and Put Options**

a) Any purchase of exchange-traded call or put options, except in closing purchase transactions, shall be:
   1) limited in the aggregate by the purchase of such options to 10% of the excess of its capital and surplus over the minimum requirements of a new stock or mutual company to qualify for a certificate of authority to write the kind of insurance which the company is authorized to write; and
   2) evidenced by a trade confirmation or other confirmation of ownership issued to the insurer by an entity duly authorized to do so, as described in the definition of Exchange-Traded in Section 802.20 of this Part.



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b) The call option must not give the insurer the right to acquire financial instruments which, when aggregated with current holdings, including potential holdings under Section 125.23a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 737.23a) [215 ILCS 5/125.23a] exceed applicable limitations contained in Sections 125.1a through Section 125.12a and Section 125.21a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 737.1a through 737.12a and 737.21a) [215 ILCS 5/125.1a through 125.12a and 125.21a] whether or not they are acquired at the delivery date.

**Section 802.40 Sale and Assignment of Call and Exchange-Traded Put Options**

a) Any insurer which sells (writes) call options with respect to financial instruments it owns shall:
   1) maintain custodial agreements which call for its escrowed securities to be kept segregated by the bank or other custodial agent from other financial instruments owned by the insurer or others, which are deposited with the same bank or custodial agent or in a margin account; and
   2) obtain and retain in its possession documentation as required by Section 802.70(b) of this Part for all transactions relating to the escrowed securities.

b) Any insurer which sells (writes) put options guaranteed by funds it owns shall:
   1) maintain custodial agreements which call for its guaranteed funds to be kept segregated by the bank or other custodian from other financial instruments owned by the insurer or others which are deposited with the same bank or custodial agent or in a margin account; and
   2) obtain and retain in its possession a copy of a guarantee letter identifying with particularity its guaranteed funds so escrowed; and
   3) not become potentially obligated through the sale of such put option for the purchase of financial instruments in amounts which, when aggregated with current holdings, including potential holdings under Section 125.23a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 737.23a) [215 ILCS 5/125.23a] exceed the applicable limitations contained in Section 125.1a through Section 125.12a and Section 125.21a of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, pars. 737.1a through 737.12a and 737.21a) [215 ILCS 5/125.1a through 125.12a and 125.21a], whether or not such financial instruments are acquired at the delivery date.

**Section 802.50 Accounting for Transactions in Call and Put Options**

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a) Accounting procedures for call and put options purchased by an insurance company shall be in accordance with the following principles:
   1) The consideration paid for the call or put option shall be treated as a deferred asset.
   2) If the call or put option is expires without exercise, the expiration shall be treated as a sale of the call or put option on the expiration date, and the resultant loss shall be recognized currently.
   3) If the call option is exercised, the consideration paid for it shall be added to the price paid for the underlying financial instrument and thus treated as a capital expenditure.
   4) If the put option is exercised, the consideration paid for it shall be deducted from the price received for the underlying financial instrument and thus treated as a reduction of proceeds.
   5) If the call or put option is terminated through a closing sale transaction, the difference between the consideration paid in the purchase of the call or put option and the consideration received in the closing sale transaction shall be treated, at the time of such closing sale transaction, as a gain or loss, as the case may be.

b) Accounting procedures for call or put options sold (written) by an insurance company shall be in accordance with the following principles:
   1) The consideration for selling the call or put option shall not be included in income at the time of receipt, but shall be carried in a deferred account until one of the following occurs:
      A) the call or put option expires through the passage of time, or
      B) the insurer sells the underlying financial instrument pursuant to the exercise of the call option, or
      C) the insurer purchases the underlying financial instrument pursuant to the exercise of the put option, or
      D) the insurer engages in a closing purchase transaction.
   2) If the obligation under the call or put option expires through the passage of time, the consideration for the option shall be recognized currently at the time of such expiration.
   3) If the underlying financial instrument is sold pursuant to the exercise of the call option, the consideration received for the option shall be treated as increasing the amount realized upon the sale of the underlying financial instrument and shall be included in determining capital gain or loss.
   4) If the underlying financial instrument is purchased pursuant to the exercise of the put option, the consideration received for the option shall be treated as reducing the cost basis of the financial instrument so purchased.
   5) If the obligation under the call or put option is terminated through a closing purchase transaction, the difference between



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the consideration received from the sale of the call or put option and the consideration paid in the closing purchase transaction shall be treated, at the time of such closing purchase transaction, as a gain or loss, as the case may be.

**Section 802.60 Valuation**

a) Each exchange-traded call or put stock or stock index option purchased by an insurance company shall be valued at the current market price therefor on a registered national securities exchange. This "mark-to-market" will result in an unrealized gain or loss.
b) Stock owned by an insurance company with respect to which a call option has been sold shall be valued, so long as the option exists, at the current market price of the stock.
c) The amount held in a deferred account for call or put stock options sold shall be valued at the current market price. The adjustment will result in an unrealized gain or loss.
d) The amount held in a deferred account for a call or put option may be valued at cost if the underlying financial instrument:
   1) would be carried at amortized cost if acquired by the insurance company, or
   2) is a debt financial futures or a debt index contract.
e) Amounts may be deferred for expired or closed options contracts if the contracts are related to uncompleted hedging transactions as defined in 50 Ill. Adm. Code Part 805.
f) Debt instruments owned by an insurance company with respect to which a call option has been sold shall continue to be valued in the same manner as any other such instruments owned by said company.

**Section 802.70 Administration and Recordkeeping**

a) Prior to engaging in transactions in call and put options, an insurer shall develop and adequately document policies and procedures regarding investment strategies and objectives, recordkeeping needs, and reporting matters. Such policies and procedures shall address authorized investment and liability positions, applicable limitations, authorization and approval procedures, accounting and reporting procedures and controls, and shall provide for review of activity in call and put options by the insurer's board of directors or its designee as set forth in subsection (b) below.
b) Recordkeeping systems must be sufficiently detailed to permit auditors and insurance department examiners to determine whether operating personnel have acted in accordance with policies and procedures established by the insurer pursuant to subsection (a) above. Insurer records must identify for each hedging transaction the related call and put options, the hedged items, and the risks being reduced by the hedging transaction.
c) Each call and put option transaction must be authorized or ratified by

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the company as provided in Section 124.1 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 736.1) [215 ILCS 5/124.1].

**Section 802.80 Severability Provision**

If any Section or portion of a Section of this Part, or the applicability thereof to any person or circumstances, is held invalid by a court, the remainder of this Part shall not be affected thereby.



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NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Repurchase and Reverse Repurchase Agreements

2) Code Citation: 50 Ill. Adm. Code 804

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 804.10 | Repeal |
| 804.20 | Repeal |
| 804.30 | Repeal |
| 804.40 | Repeal |
| 804.50 | Repeal |
| 804.60 | Repeal |
| 804.70 | Repeal |
| 804.80 | Repeal |

4) Statutory Authority: Implementing Article VIII and Section 133 of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, pars. 736 et seq. and 745) and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, par. 1013).

5) A Complete Description of the Subjects and Issues Involved: This rule is being repealed because it has been superseded by the addition of Section 126.16, Securities Lending and Repurchase, Reverse Repurchase, and Dollar Roll Transactions, and Section 126.29, Securities Lending and Repurchase, Reverse Repurchase, and Dollar Roll Transactions, to the Illinois Insurance Code [215 ILCS 5/126.16 and 126.29].

6) Will this proposed repealer replace an emergency rulemaking currently in effect? No

7) Does this repealer contain an automatic repeal date? No

8) Does this proposed repealer contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

James C. Rundblom
Staff Attorney
Department of Insurance
320 West Washington

or

Susan Anders
Paralegal
Department of Insurance
320 West Washington

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

Springfield, Illinois 62767-0001
(217) 785-8559

Springfield, Illinois 62767-0001
(217) 785-8220

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Department did not anticipate the need to repeal this rule within the last 12 months.

The full text of the Proposed Repealer begins on the next page:



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NOTICE OF PROPOSED REPEALER

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER j: INVESTMENTS OF DOMESTIC COMPANIES

PART 804
REPURCHASE AND REVERSE REPURCHASE AGREEMENTS (REPEALED)

Section
804.10 Authority
804.20 Purpose
804.30 Definitions
804.40 Agreement, Limitations and Requirements
804.50 Accounting Treatment, Valuation and Reporting
804.60 Location of Records and Securities
804.70 Exemption
804.80 Severability Provision

AUTHORITY: Implementing Article VIII and Section 133 of the Insurance Code (Ill. Rev. Stat. 1981, ch. 73, pars. 736 et seq. and 745) and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, par. 1013).

SOURCE: Adopted at 6 Ill. Reg. 2136, effective February 2, 1982; codified at 7 Ill. Reg. 3459; repealed at 25 Ill. Reg. _____, effective _____.

**Section 804.10 Authority**

This Rule is issued by the Director of Insurance under Section 401 of the Illinois Insurance Code, (Ill. Rev. Stat. 1981, ch. 73, par. 1013) which empowers the Director *to make reasonable Rules and Regulations as may be necessary for making effective* the insurance laws of this State.

**Section 804.20 Purpose**

It is the purpose of this Part to implement Article VIII of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, par. 736, et. seq.); and Section 133 of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, par 745) by setting forth requirements and limitations relating to participation by a domestic insurance company (hereinafter "company") in the investment practice of "Repurchase and Reverse Repurchase Agreements."

**Section 804.30 Definitions**

"Bank or Trust Company" means any bank or trust company organized under the laws of the United States or any State thereof and said bank or trust company is regularly examined pursuant to such laws and said bank or trust company has qualified for the insurance protection

afforded by the Federal Deposit Insurance Corporation.

"Equivalent Securities" means securities of the same issuer having equal value and coupon rate.

"Repurchase Agreement" means a bilateral agreement whereby a company purchases securities with a related agreement that the seller will purchase or repurchase at a specified price the equivalent or similar securities within a specified period of time or upon demand.

"Reverse Repurchase Agreement" means a bilateral agreement whereby a company

sells securities with a related agreement to purchase or repurchase at a specified price the equivalent or similar securities within a specified period of time or upon demand, or

borrows funds and transfers securities to the lender with a related agreementthat equivalent or similar securities will be returned to the company upon repayment of the loan within a specified period of time or upon demand.

"Securities" means any investment of the type authorized or permitted under Sections 125.1a through 125.12a and 125.14a of the Illinois Insurance Code and any certificate of deposit allowed as an admitted asset under Section 3.1(b) of the Illinois Insurance Code (Ill. Rev. Stat. 1981, ch. 73, par. 737.1a through 737.12a, 737.14a and 615.1(b)).

"Similar Securities" means securities of the same issuer or different issuer having equal value.

**Section 804.40 Agreement, Limitations and Requirements**

a) The agreement for each transaction (or the master agreement for a series of transactions) shall be reduced to writing.

b)

1) When any company enters into a repurchase transaction, the company must acquire securities having fair market value at least equal to 98% (margin) of the fair market value of the consideration paid. Either party to the transaction may be obligated to provide either additional securities or collateral or cash such that the margin may be maintained during the term of the transaction.

2) The securities owned by the company in respect to each repurchase transaction when combined with the aggregate of all other securities of the same category which are

A) owned directly by the company, and

B) owned by the company in respect to other outstanding repurchase transactions, and



C) transferred and subject to reacquisition by the company pursuant to reverse repurchase transactions and

D) owned by the company but on loan pursuant to outstanding lending of securities transactions, must not exceed the limits provided by the Illinois Insurance Code authorizing that category of investments except to the extent that the obligation of the seller to reacquire qualifies as a permitted investment or admitted asset under the Illinois Insurance Code.

c) When any domestic company enters into a reverse repurchase transaction, the company must receive cash or other consideration having a fair market value at least equal to 95% (margin) of the fair market value of the securities transferred. Either party to the transaction may be obligated to provide either additional securities or collateral or cash such that the margin may be maintained during the term of the transaction. The securities transferred and subject to reacquisition by the company pursuant to a reverse repurchase transaction when combined with the aggregate of all other securities of the same category which are

1) owned directly by the company, and

2) owned by the company in respect to outstanding repurchase transactions, except to the extent that the obligation of the seller to reacquire qualifies as a permitted investment or admitted asset under the Illinois Insurance Code and

3) transferred and subject to reacquisition pursuant to other outstanding reverse repurchase transactions, and

4) owned by the company but on loan pursuant to outstanding lending of securities transactions, must not exceed the limits provided by the Illinois Insurance Code authorizing that category of investments.

d) Securities acquired by a company and owned subject to reacquisition pursuant to an outstanding repurchase agreement may not be sold pursuant to a reverse repurchase agreement. Consideration received from a reverse repurchase agreement may be used to acquire securities which are either equivalent or similar to the securities transferred pursuant to such reverse repurchase agreement, however, such acquired securities may not be sold pursuant to a reverse repurchase agreement.

e) Each repurchase or reverse repurchase transaction must receive action by the company as provided for in Section 124.1 of the Illinois Insurance Code.

**Section 804.50 Accounting Treatment, Valuation and Reporting**

a) Repurchase Agreements

1) Repurchase agreements acquired and disposed of by companies are to be accounted for in the same manner as is required for the acquisition and disposition of any other investments. The repurchase agreement is to be reported as the investment, not the

securities acquired in respect thereto. The income received pursuant to the terms of the repurchase agreement is to be accounted for as investment income. The Illinois Supplement to the Annual Statement will contain forms and additional reporting instructions.

2) Repurchase agreements are to be valued in accordance with the provisions contained in the National Association of Insurance Commissioners "Valuation of Securities" Manual.

b) Reverse Repurchase Agreements

1) Each transaction by which securities are transferred and the equivalent securities are to be reacquired pursuant to the terms of a reverse repurchase agreement is to be accounted for as a financing (borrowing) transaction. A liability is to be recorded for the amount of the proceeds received and the transferred securities are not to be removed from the accounting records. The liability is to be reported on the "Borrowed money" line and identified as arising from, and related to, a reverse repurchase transaction. The company may pay interest on the funds received pursuant to a reverse repurchase agreement and such interest is to be recorded as interest expense and not netted against the interest income from the securities transferred subject to repurchase. Amortization of original premium or accrual of original discount and interest income on the transferred securities is to be recorded as though the securities had not been transferred. The transferred securities are to be valued in accordance with the provisions in the National Association of Insurance Commissioners "Valuation of Securities" Manual. If the margin is less than 100%, the value reported for the transferred securities is to be the "Association" value less the difference between 100% and the margin.

2) Each transaction by which securities are transferred and other than the equivalent securities are to be acquired pursuant to a reverse repurchase agreement is to be accounted for as two separate transactions. The transferred securities, including unamortized original premium or unaccrued original discount, are to be removed from the accounting records and the resulting gain or loss recognized immediately. When the other than equivalent securities are acquired pursuant to the reverse repurchase agreement, they are to be recorded at cost. The company may pay interest on the funds received and such interest is to be recorded as interest expense and not netted against interest income.

3) In the financial statements filed with the Illinois Director of Insurance, securities sold or transferred and subject to reacquisition pursuant to a reverse repurchase agreement will be reported as designated above. The Illinois Supplement to the Annual Statement will contain forms and additional reporting instructions for reverse repurchase agreement activities.



**Section 804.60 Location of Records and Securities**

a) The company shall maintain within the State of Illinois original or true copies of all repurchase or reverse repurchase agreements and any attachments, amendments or exhibits thereto. A current inventory of all securities subject to such agreements, and any related collateral, containing the identity of and location of all securities and collateral shall be continuously maintained within the State of Illinois. In addition, adequate records will be maintained within the State of Illinois to verify the company's activities in repurchase and reverse repurchase agreements and the possession of the necessary securitiesor collateral. However, the Illinois Director of Insurance may allow such agreements, inventories and records to be located outside the State of Illinois by the company adopting and filing a plan of operations with the Illinois Director of Insurance and obtaining the approval of such plan pursuant to Section 133(2) of the Illinois Insurance Code.

b)

1) In those situations where the purchase or repurchase occurs within one year from the date of origination of the related transaction and it is impractical to safekeep within the State of Illinois the securities owned, orrelated collateral held pursuant to a repurchase agreement, or the investments acquired with the proceeds of a reverse repurchase agreement, with such investments being designated to be used to complete the repurchase, the company must deposit the securities or collateral or investments with a bank or trust company. Such account for deposits must be established in conformity with the applicable provisions of Department of Insurance Rule Internal Security Standards and Fidelity Bonds (50 Ill. Adm. Code 904) and the securities, collateral or investments may be in book entry form.

2) In all other situations, such securities or collateral or investments must be safekept within the State of Illinois in conformity with the applicable provisions of Department of Insurance Rule Part 904. Such securities or collateral or investments may be maintained in a safekeeping account of the type authorized by Section 124.18 of the Illinois Insurance Code.

**Section 804.70 Exemption**

Repurchase agreements entered with any one bank in amounts not exceeding $100,000 and having a duration of no greater than 31 days are exempt from the provisions of Sections 804.40 (b) and 804.50 (a) above. Such repurchase transactions are to be reported as cash in the financial statements filed with the Illinois Director of Insurance.

**Section 804.80 Severability Provision**

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If any section or portion of a section of this rule, or the applicability thereof to any person or circumstances is held invalid by a court, the remainderof this rule, or the applicability of such provision to other persons or circumstances, shall not be affected thereby.



DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Valuation of Investments

2) Code Citation: 50 Ill. Adm. Code 801

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 801.10 | Repeal |
| 801.20 | Repeal |
| 801.30 | Repeal |
| 801.40 | Repeal |

4) Statutory Authority: Implementing and authorized by Sections 124.6, 136 and 401(a) of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, pars. 736.6 and 1013).

5) A Complete Description of the Subjects and Issues Involved: This rule is being repealed because it has been superseded by the addition of Section 126.7, Valuation of Investments, to the Illinois Insurance Code [215 ILCS 5/126.7].

6) Will this proposed repealer replace an emergency rulemaking currently in effect? No

7) Does this repealer contain an automatic repeal date? No

8) Does this proposed repealer contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

James C. Rundblom
Staff Attorney
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8559

or

Susan Anders
Paralegal
Department of Insurance
320 West Washington
Springfield, Illinois 62767-0001
(217) 785-8220

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

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B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: the Department did not anticipate the need to repeal this rule within the last 12 months.

The full text of the Proposed Repealer begins on the next page:



DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER j: INVESTMENTS OF DOMESTIC COMPANIES

PART 801
VALUATION OF INVESTMENTS (REPEALED)

Section
801.10 Authority
801.20 Purpose and Scope
801.30 Procedures of Valuing Investments
801.40 Severability Provision

AUTHORITY: Implementing and authorized by Sections 124.6, 136 and 401(a) of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, pars. 736.6 and 1013).

SOURCE: Adopted at 5 Ill. Reg. 12713, effective October 30, 1981; codified at 7 Ill. Reg. 268, effective December 15, 1982; amended at 8 Ill. Reg. 15058, effective August 8, 1984; repealed at 25 Ill. Reg. _____, effective _____.

**Section 801.10 Authority**

This Rule is promulgated by the Director of Insurance under Section 124.6 and Subsection (a) of Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, pars. 736.6 and 1013), which empowers the Director "to make reasonable rules and regulations as may be necessary for making effective" the insurance laws of this State.

**Section 801.20 Purpose and Scope**

It is the purpose of this Rule to implement Article VIII and Section 136 of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, pars. 736, et. seq. and 748) by requiring domestic insurance companies to comply with Section 124.6 of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, par. 736.6).

**Section 801.30 Procedures for Valuing Investments**

a) *The "Valuation of Securities Manual," the "Accounting Practices and Procedures Manual for Life and Health Insurance Companies" and the "Accounting Practices and Procedures Manual for Fire and Casualty Insurance Companies" as published by the National Association of Insurance Commissioners (NAIC) have been adopted for use in Illinois by Sections 124.6 and 136(1) of the Illinois Insurance Code.* The procedures outlined in these publications are to be used for valuing investments for which valuations are not otherwise defined by statute or rule. The Director shall disallow any accounting practice or

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procedure prescribed by the publications if he deems it necessary to ascertain the condition and affairs of any company. In making the disallowance determination, the Director shall consider such factors as the nature of the investment (stocks, bonds, real estate); the financial stability of the issuing company; the applicability of other standardized accounting procedures; and other factors affecting the accuracy of the valuation.

b)

1) As a result of the adoption of the "NAIC Accounting Practices and Procedure Manuals," the manner in which investments in subsidiaries are accounted for will change accordingly. The newly adopted accounting procedures will apply to all acquisitions of subsidiaries by domestic companies that take place on or after January 1, 1984.

2) Domestic companies presently amortizing the difference between the cost and equity value of a subsidiary under control of the domestic company prior to January 1, 1984 under the procedures described by the "Illinois Accounting Practices Manual" generally will continue to value their subsidiaries under those procedures until the amortization is complete. Any replacement of such accounting methods with those prescribed by the NAIC must be approved by the Director. A change in the accounting method will be considered only if the company is presently amortizing other subsidiaries under the current NAIC accounting practices and procedures. The Director shall approve a change in accounting methods if, after considering the method used to amortize the value of goodwill involved in acquisition of a subsidiary, the Director determines that the accounting method used will continue to accurately reflect their valuation and will be consistent with other accounting procedures used by the company.

c) The following procedures shall be required for the listed investment.

1) Bonds with Call Options

No investment shall be carried at above the call price for the entire issue during any period within which the investment may be so called. Premiums paid at purchase shall be amortized to the first call date at which the entire issue may be redeemed.

2) Real Estate

A) Sale and Leaseback transactions which qualify pursuant to Section 125.17a of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, par. 737.17a) shall be accounted for in accordance with generally accepted accounting principles.

B) Appraisals of real estate in written form shall be submitted to the Department for review prior to any approval being given to hold real estate under Section 125.20a(d) of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, par. 737.20a). Additionally, appraisals shall be obtained and kept on record at the company for all properties held under



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Sections 125.19a and 125.20a of the Illinois Insurance Code (Ill. Rev. Stat. 1983, ch. 73, pars. 737.19a and 737.20a). The appraisal shall be reviewed to insure that the appraisal was performed by persons qualified under this Section, performed in the customary manner and that the appraisal supports the valuation amount expressed by the company in its annual statement. Such appraisals shall be performed by a member of the American Institute of Real Estate Appraisers except in the case or property to be qualified hereunder by reason of producing gas or other minerals. Then the appraisal must be made by an engineer or geologist with experience in the relevant field.

3) Limited Partnerships

A) All limited partnerships shall be valued at the equity method of accounting in the same manner prescribed for valuing subsidiaries by the National Association of Insurance Commissioners "Valuation of Securities Manual" unless another method of accounting which will more accurately reflect the value of the limited partnership has been formally approved by the Director of the Illinois Insurance Department for a specified limited partnership. Annual financial statements of the limited partnership must be kept at the company for examination purposes.

B) The ordinary gains earned on the company's portion of the interest in the partnership shall be treated as an ordinary gain on the books of the insurance company. Likewise, capital gains earned from the partnership shall be treated as capital gains on the insurance company's books.

4) Valuation of Investments Otherwise Undefined

A company which has an investment which cannot be valued in accordance with the foregoing procedures must file a request for valuation with the Illinois Department of Insurance within 15 days following the end of the month in which the investment is acquired. This request shall include at a minimum the following information:

A) A description of the investment
B) Date of acquisition
C) Name of Vendor
D) Cost of investment to company
E) Par value, if relevant
F) Rate and/or amount of interest, dividend or other compensation earned or accrued
G) Any other significant terms of the investment.

**Section 801.40 Severability Provision**

If any section or portion of a section of this rule, or the applicability thereof to any person or circumstance is held invalid by a court, the remainder

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED REPEALER

of the rule, or the applicability to other persons or circumstances, shall not be effected thereby.



DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

1) Heading of the Part: Perfusionist Practice Act

2) Code Citation: 68 Ill. Adm. Code 1335

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 1335.10 | New Section |
| 1335.20 | New Section |
| 1335.30 | New Section |
| 1335.40 | New Section |
| 1335.50 | New Section |
| 1335.60 | New Section |
| 1335.70 | New Section |
| 1335.80 | New Section |
| 1335.90 | New Section |
| 1335.100 | New Section |

4) Statutory Authority: Perfusionist Practice Act [225 ILCS 125]

5) A Complete Description of the Subjects and Issues Involved: Public Act 91-580, effective January 1, 2000, provides for the licensure of perfusionists by the Department of Professional Regulation. When adopted, these rules will allow the Department to begin accepting and processing licensure applications.

Section 1335.30 sets forth the requirements for applicants to obtain a license under the grandfather provisions, while Section 1335.40 sets forth the ongoing licensure requirements. The rules also set forth the procedures for renewal of a license and under what circumstances the Director of the Department may grant variances to these rules. Acts constituting unethical, unauthorized or unprofessional conduct have been set forth in Section 1335.100.

Fees for licensure and renewal, as well as general processing fees, are set forth in Section 1335.20.

6) Do these proposed Rules replace an emergency Rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed Rules contain incorporations by reference? No

9) Are there any other proposed Rules pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking has no effect on local governments.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments to:

DEPARTMENT OF PROFESSIONAL REGULATION

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Department of Professional Regulation
Attention: Jean A. Courtney
320 West Washington, 3rd Floor
Springfield IL 62786
217/785-0813 Fax #: 217/782-7645

All written comments received within 45 days after this issue of the *Illinois Register* will be considered.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing perfusion services.

B) Reporting, bookkeeping or other procedures required for compliance: Every license issued under the Act shall expire on April 30 of even numbered years. The first license renewal period will be April 30, 2004. Licensees are responsible for notifying the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to renew a license.

C) Types of professional skills necessary for compliance: Perfusion skills are necessary for licensure.

13) Regulatory Agenda on which this rulemaking was summarized: January 2001

The full text of the Proposed Rules begins on the next page:



DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1335
PERFUSIONIST PRACTICE ACT

Section
1335.10 Definitions
1335.20 Fees
1335.30 Application for Licensure Pursuant to Section 60 of the Act (Grandfather)
1335.40 Application for Licensure
1335.50 Renewals
1335.60 Restoration
1335.70 Endorsement
1335.80 Inactive Status
1335.90 Granting Variances
1335.100 Unethical, Unauthorized or Unprofessional Conduct

AUTHORITY: Implementing the Perfusionist Practice Act [225 ILCS 125] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 25 Ill. Reg. _____, effective _____.

**Section 1335.10 Definitions**

"Act" means the Perfusionist Practice Act [225 ILCS 125].

"Board" means the Board of Perfusion.

"Department" means the Department of Professional Regulation.

*"Perfusionist" means a person qualified, by academic and clinical education, to operate the extracorporeal circulation equipment during any medical situation where it is necessary to support or replace a person's cardiopulmonary, circulatory, or respiratory function. A perfusionist is responsible for the selection of appropriate equipment and techniques necessary for support, treatment, measurement, or supplementation of the cardiopulmonary and circulatory system of a patient, including the safe monitoring, analysis, and treatment of physiologic conditions under an order and under the supervision of a physician licensed to practice medicine in all its branches and in coordination with a registered professional nurse.* (Section 10 of the Act)

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

**Section 1335.20 Fees**

The following fees shall be paid to the Department and are not refundable:

a) Application Fees. The fee for application for a license as a perfusionist is $250.

b) Renewal Fees. The fee for the renewal of a license shall be calculated at the rate of $125 per year.

c) General Fees.

1) The fee for the restoration of a license other than from inactive status is $20 plus payment of all lapsed renewal fees not to exceed $400.

2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed, or for the issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address changes on Department records when no duplicate license is issued.

3) The fee for a certification of a licensee's record for any purpose is $20.

4) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

5) The fee for a roster of persons licensed as perfusionists in this State shall be the actual cost of producing the roster.

**Section 1335.30 Application for Licensure Pursuant to Section 60 of the Act (Grandfather)**

a) Pursuant to Section 60 of the Act, an applicant may apply for licensure by filing an application on forms provided by the Department. The application shall be postmarked no later than November 1, 2002 and shall include:

1) Verification of at least 5 years experience in the practice of perfusion. The experience shall be:

A) in operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility;

B) the primary function of the applicant;

C) a minimum of 200 cases completed in the 5 years between January 1, 1991 and January 1, 2000; and

D) documented by 3 affidavits signed by either cardiovascular surgeons certified by the American Board of Thoracic Surgery or certified American Board of Cardiovascular Perfusion perfusionists who acted in a supervisory capacity;

2) A complete work history since January 1, 1991; and

3) The required fee set forth in Section 1335.20.

b) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the



DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

applicant seeking licensure shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

**Section 1335.40 Application for Licensure**

a) An applicant for licensure as a perfusionist shall file an application on forms provided by the Department. The application shall include:

1) Certification of graduation from a school accredited by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP) or a similar accrediting body approved by the Department;

2) Certification of successful completion of the examinations provided by the American Board of Cardiovascular Perfusion (ABCP) or its successor agency or a substantially equivalent examination approved by the Department;

3) A work history since graduation from a perfusion program;

4) Certification, on forms provided by the Department, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating:

A) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and

B) Whether the file on the applicant contains any record of disciplinary actions taken or pending;

5) The fee required in Section 1335.20 of this Part.

b) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

**Section 1335.50 Renewals**

a) The first renewal period for licensure under the Act shall be April 30, 2004. Thereafter, every license issued under the Act shall expire on April 30 of even numbered years. The holder of a license may renew the license during the month preceding the expiration date by paying the required fee.

b) It is the responsibility of each perfusionist to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the

renewal fee.

c) Practice on an expired license shall be considered unlicensed practice and shall be grounds for discipline pursuant to Section 105 of the Act.

**Section 1335.60 Restoration**

a) A person seeking restoration of a license that has expired for 3 years or less shall have the license restored upon payment of all lapsed renewal fees required by Section 1335.20 of this Part.

b) A person seeking restoration of a license that has been placed on inactive status for 3 years or less shall have the license restored upon payment of the current renewal fee.

c) A person seeking restoration of a license after it has expired or been placed on inactive status for more than 3 years shall file an application, on forms supplied by the Department, including the applicant's work history since the license expired and the fee required by Section 1335.20 of this Part. The person shall also submit one of the following:

1) Sworn evidence of active practice in another jurisdiction. The evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the registrant was authorized to practice during the term of active practice and verification of experience signed by a cardiovascular surgeon certified by the American Board of Thoracic Surgery; or

2) An affidavit attesting to military service as provided in Section 15 of the Act; or

3) Successful completion of the examination administered by the American Board of Cardiovascular Perfusion or its successor agency.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Department because of a lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking restoration of a license shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflict in information.

e) Upon the recommendation of the Board and approval by the Director, an applicant shall have the license restored or will be notified in writing of the reason for the denial of the application.

**Section 1335.70 Endorsement**

a) An applicant for licensure as a perfusionist who is licensed under the laws of another state shall file an application with the Department that shall include:



1) Certification of graduation from a school accredited by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP) or a similar accrediting body approved by the Department;

2) Certification of successful completion of the examination provided by the American Board of Cardiovascular Perfusion (ABCP) or its successor agency or a substantially equivalent examination approved by the Department;

3) A certification from all states in which the applicant was licensed and is currently licensed, stating:

A) The time during which the applicant was licensed in that jurisdiction; and

B) Whether the file on the applicant contains any record of any disciplinary actions taken or pending;

4) A complete work history indicating all employment since graduation from an approved perfusionist program; and

5) The required fee set forth in Section 1335.20 of this Part.

b) The Department shall examine each endorsement application to determine whether the requirements in the other state at the date of licensing were substantially equivalent to the requirements then in force in this State and whether the applicant has otherwise complied with the Act. The Department shall either issue a license by endorsement or notify the applicant of the reasons for the denial of the application.

**Section 1335.80 Inactive Status**

a) Licensed perfusionists who notify the Department, on forms provided by the Department, may place their licenses on inactive status and shall be excused from paying renewal fees until they notify the Department in writing of the intention to resume active practice.

b) Any licensed perfusionist seeking restoration from inactive status shall do so in accordance with Section 1335.60.

c) Any person violating this Section shall be considered to be practicing without a license and shall be subject to the disciplinary provisions of the Act.

**Section 1335.90 Granting Variances**

a) The Director may grant variances from this Part in individual cases where he/she finds that:

1) The provision from which the variance is granted is not statutorily mandated;

2) No party will be injured by the granting of the variance; and

3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.

b) The Director shall notify the Board of the granting of the variance, and the reasons for granting the variance, at the next meeting of the Board.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

**Section 1335.100 Unethical, Unauthorized or Unprofessional Conduct**

a) The Department may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its finding of "unethical, unauthorized, or unprofessional conduct" within the meaning of Section 105(7) of the Act. In determining what constitutes unethical, unauthorized or unprofessional conduct of a character likely to deceive, defraud or harm the public, the Department shall consider whether the questioned activities:
   1) Are violative of ethical standards of the profession (such as safeguarding patient confidence and records within the constraints of law; respecting the rights of patients, colleagues and other health professionals; observing laws under the Act; and providing service with compassion and respect for human dignity);
   2) Constitute a breach of the perfusionist's responsibility to a patient;
   3) Resulted in assumption by the perfusionist of responsibility for delivery of patient care that the perfusionist was not properly qualified or competent to render;
   4) Resulted in a delegation of responsibility for delivery of patient care to persons who were not properly supervised or who were not competent to assume such responsibility;
   5) Caused actual harm to any member of the public or are reasonably likely to cause harm to any member of the public in the future;
   6) Resulted in the individual being convicted of any crime an essential element of which is larceny, embezzlement, obtaining money, property or credit by false pretenses or by means of a confidence game, dishonesty, fraud, misstatement, or moral turpitude;
   7) Involved misrepresenting as to educational background, training, credentials, competence, or medical staff memberships;
   8) Entailed abuse of the perfusionist/patient relationship by taking unfair advantage of a patient's vulnerability;
   9) Involved unethical conduct with a patient that resulted in the patient engaging in unwanted personal, financial or sexual relationships with the perfusionist;
   10) Involved committing an act or acts, in the practice conducted under the Act, of a flagrant, glaringly obvious nature that constitute conduct of such a distasteful nature that accepted codes of behavior or codes of ethics are breached;
   11) Involved committing an act or acts in a relationship with a patient so as to violate common standards of decency or propriety;
   12) Involved overutilizing services by providing excessive evaluation or treatment procedures not warranted by the condition of the patient or by continuing treatment beyond the point of possible benefit;
   13) Involved making gross or deliberate misrepresentations or misleading claims as to professional qualifications or of the efficacy or value of the treatments or remedies given or recommended, or those of another practitioner;
   14) Involved willfully making or filing a false report or record, willfully failing to file a report or record required by State or federal law, or willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records include only those reports or records that require the signature of a respiratory care practitioner licensed pursuant to this Part;
   15) Allowed the opportunity to arise whereby objective evaluations of products and services are compromised by gratutities, gifts, entertainment, consulting engagements, employment status, or any other material or personal gain.

b) Gross Negligence. In determining what constitutes gross negligence, the Board shall consider gross negligence to be an act or omission that is evidence of recklessness or carelessness toward or a disregard for the safety or well-being of the patient, and that results in injury to the patient.

c) Pursuant to Section 105(7) of the Act, the Department incorporates by reference the "Code of Ethics" of the American Society of Extra-Corporeal Technology, 503 Carlisle Dr., Suite 125, Herndon VA 20170 (2001), with no later amendments or editions.



DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Control of Communicable Diseases Code

2) Code Citation: 77 Ill. Adm. Code 690

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 690.100 | Amendment |
| 690.200 | Amendment |
| 690.300 | Amendment |
| 690.320 | Amendment |
| 690.325 | Amendment |
| 690.330 | Amendment |
| 690.335 | Amendment |
| 690.350 | Amendment |
| 690.360 | Amendment |
| 690.365 | Amendment |
| 690.370 | Amendment |
| 690.380 | Amendment |
| 690.385 | Amendment |
| 690.386 | Amendment |
| 690.400 | Amendment |
| 690.410 | Amendment |
| 690.420 | Amendment |
| 690.441 | Amendment |
| 690.450 | Amendment |
| 690.451 | Amendment |
| 690.452 | Amendment |
| 690.475 | Amendment |
| 690.480 | Amendment |
| 690.490 | Amendment |
| 690.495 | Amendment |
| 690.505 | Amendment |
| 690.510 | Amendment |
| 690.520 | Amendment |
| 690.530 | Amendment |
| 690.550 | Amendment |
| 690.555 | Amendment |
| 690.570 | Amendment |
| 690.580 | Amendment |
| 690.600 | Amendment |
| 690.601 | Amendment |
| 690.610 | Amendment |
| 690.620 | Amendment |
| 690.630 | Amendment |
| 690.640 | Amendment |
| 690.650 | Amendment |
| 690.660 | Amendment |
| 690.661 | Amendment |
| 690.670 | Amendment |



DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

| | |
|---|---|
| 690.675 | Amendment |
| 690.678 | Amendment |
| 690.690 | Amendment |
| 690.695 | Amendment |
| 690.725 | Amendment |
| 690.730 | Amendment |
| 690.750 | Amendment |
| 690.752 | Amendment |
| 690.800 | Amendment |
| 690.900 | Amendment |
| 690.1000 | Amendment |
| 690.1010 | Amendment |

4) Statutory Authority: Implementing the Infant Eye Disease Act [410 ILCS 215] and the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

5) A Complete Description of the Subjects and Issues Involved: This rulemaking will:

- Add "sensitive occupation" to the types of occupations in which cases of giardiasis, salmonellosis or shigellosis cannot work until negative laboratory results are provided, just as is now required for food handlers.

- Require submission of *Bacillus anthracis*, *Listeria monocytogenes* and *Legionella pneumophila* to the State public health laboratory for subtyping if indicated.

- Add identification of high concentrations of gram-positive sporeforming rods on blood smear (an indication of anthrax) to laboratory reporting requirements.

- Remove scarlet fever from the list of reportable diseases.

- Reword some general measures for several tickborne diseases (Ehrlichiosis, Rocky Mountain spotted fever, Lyme disease and tularemia) to reflect a more consistent approach.

- Require laboratories to forward cerebrospinal specimens to the State public health laboratory between June 15 and October 31 for arbovirus testing and enterovirus culture.

- Correct some minor typographical errors, and update cross-references to national recommendations that have been published since the last rule change was initiated.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

. Delete scarlet fever as a reportable disease.

. Add college and university personnel to the list of persons required to report communicable diseases.

. Reference current national immunization recommendations for varicella, diphtheria, *Haemophilus influenzae*, hepatitis A, hepatitis B, measles, mumps, polio, rubella, tetanus, and pertussis.

. Add a clause that health care workers who have recovered from cholera will be restricted from their occupations unless they begin submitting laboratory specimens within one week.

. Require children attending day care and other pre-kindergarten programs to be vaccinated against diphtheria, *Haemophilus influenzae*, hepatitis B, measles, mumps, polio, rubella, tetanus, and pertussis. These Sections were changed to make them consistent with other rules, such as 77 Ill. Adm. Code 695 and 77 Ill. Adm. Code 665.

. Advise adults to be vaccinated against varicella (for susceptible, high risk), diphtheria, measles, mumps, polio (for susceptibe, high risk), rubella, tetanus, according to current national immunization recommendations.

. Add definition of "day care" and "diarrhea". Expand the definition of "contact". Delete incorrect reference to plague as a disease needing quarantine.

. Add colleges and universities to the school and day care center Section of general procedures.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain any Incorporations by Reference? Yes

9) Are there any Other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: The changes proposed in this rulemaking will not require additional expenditures by units of local government.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules, within 45 days after this isue of the *Illinois Register*, by writing to:



DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Paul Thompson
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
(217)782-2043
E-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. Any small business may present its comments in writing to Paul Thompson at the above address.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For- Profit Corporations Affected: Laboratories, college and university personnel, and day care centers. Laboratories will be required to send certain materials to the Department's laboratory. College and university personnel will be required to report communicable diseases. Day care centers will have certain employees restricted from work if they are infected with certain communicable diseases.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: College and university personnel will be required to report communicable diseases.

C) Types of Professional Skills Necessary for Compliance: Laboratory technicians will be required to send certain materials to the Department's laboratory. Clerical support in colleges and universities can report communicable diseases.

13) Regulatory agenda on which this rulemaking was included: This rulemaking was not included on either of the two most recent regulatory agendas because: The need for the rulemaking was identified as a follow-up to amendments adopted April 1, 2001. Unfortunately DPH realized these changes needed to be initiated after the July 2001 regulatory agenda was submitted.

The full text of the proposed amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section
690.100 Diseases and Conditions
690.110 Diseases Repealed From This Part

SUBPART B: REPORTING

Section
690.200 Reporting

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section
690.290 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard (Reportable by telephone as soon as possible, within 24 hours)
690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320 Anthrax (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)
690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.327 Botulism, Foodborne, Infant, Wound, Other (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)
690.330 Brucellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.340 Chancroid (Repealed)
690.350 Chickenpox (Varicella) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.360 Cholera (Reportable by telephone as soon as possible, within 24 hours)
690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)



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NOTICE OF PROPOSED AMENDMENTS

690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours)
690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)
690.385 Ehrlichiosis, Human Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.386 Ehrlichiosis, Human Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.400 Enteric Escherichia coli Infections (E. coli: 0157:H7 and Other Enterohemorrhagic E. coli, Enterotoxigenic E. coli, and Enteropathogenic E. coli) (Reportable by telephone as soon as possible, within 24 hours)
690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)
690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.430 Gonorrhea (Repealed)
690.440 Granuloma Inguinale (Repealed)
690.441 Haemophilus influenzae ~~influenzae~~, Meningitis and Other Invasive Disease (Reportable by telephone, within 24 hours)
690.442 Hantavirus Pulmonary Syndrome (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone, within 24 hours)
690.450 Hepatitis A (Reportable by telephone as soon as possible, within 24 hours)
690.451 Hepatitis B (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.452 Hepatitis C Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.475 Legionnaires' Disease (Legionellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.495 Listeriosis (Reportable by mail, telephone, facsimile or

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electronically as soon as possible, within 7 days)

690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)

690.505 Lyme Disease (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.540 Meningococcemia (Reportable by telephone as soon as possible) (Repealed)

690.550 Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.555 Neisseria meningitidis ~~Meningitidis~~, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)

690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

690.570 Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

690.590 Psittacosis (Ornithosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.595 Q-fever (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.600 Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)

690.601 Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)

690.610 Rocky Mountain Spotted Fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.650 Smallpox (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.660 Staphylococcus aureus ~~Aureus~~ Infections Occurring In Infants Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)



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690.661 Staphylococcus aureus ~~Aureus~~ Infections with Intermediate or High Level Resistance to Vancomycin (Reportable by telephone, within 24 hours)

690.670 Streptococcal Infections, Group A, Invasive Disease (Including Toxic Shock Syndrome) and Sequelae to Group A Streptococcal Infections (rheumatic fever and, acute glomerulonephritis ~~and---scarlet fever~~)(Reportable by telephone, within 24 hours)

690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.678 Streptococcus pneumoniae ~~Pneumoniae~~, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.680 Syphilis (Repealed)

690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.695 Staphylococcus aureus ~~Aureus~~ Infection, Toxic Shock Syndrome (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.700 Trachoma (Repealed)

690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.720 Tuberculosis (Repealed)

690.725 Tularemia (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)

690.740 Typhus (Reportable by telephone as soon as possible, within 24 hours)

690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART D: DEFINITIONS

Section

690.900 Definition of Terms

SUBPART E: GENERAL PROCEDURES

Section

690.1000 General Procedures for the Control of Communicable Diseases

690.1010 Incorporated Materials

SUBPART F: SEXUALLY TRANSMITTED DISEASES (Repealed)

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AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 25 Ill. Reg. _____, effective _____.

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following are declared to be contagious, infectious, communicable and dangerous to the public health and each suspected or diagnosed case shall be reported to the local health authority who shall subsequently report each case to the Illinois Department of Public Health. This listing includes those diseases and conditions reportable because of classification as communicable or sexually transmitted. Communicable diseases and conditions are reportable under this Part (77 Ill. Adm. Code 690) and sexually transmissible diseases and conditions are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). (See Subpart B, Section 690.200.)

a) Class I(a)

The following diseases shall be reported immediately (within 3 hours)



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upon initial clinical suspicion of the disease to the local health authorities, who shall then report to the Department immediately (within 3 hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

| | | |
|---|---|---|
| 1) | Anthrax | 690.320 |
| 2) | Botulism, foodborne | 690.327 |
| 3) | Plague | 690.570 |
| 4) | Q-fever | 690.595 |
| 5) | Smallpox | 690.650 |
| 6) | Tularemia | 690.725 |
| 7) | Any suspected bioterrorist threat or event | 690.800 |

b) Class I(b)

The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within 8 regularly scheduled business hours after identifying the case), to the local health authorities, who shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

| | | Section |
|---|---|---|
| 1) | Any unusual case or cluster of cases that may indicate a public health hazard | 690.295 |
| 2) | Botulism, infant, wound, and other | 690.327 |
| 3) | Cholera | 690.360 |
| 4) | Diarrhea of the newborn | 690.370 |
| 5) | Diphtheria | 690.380 |
| 6) | Enteric Escherichia coli infections (E. coli: 0157:H7 and other enterohemorrhagic E. coli, enterotoxigenic E. coli, enteropathogenic E. coli) | 690.400 |
| 7) | Foodborne or waterborne illness | 690.410 |
| 8) | Haemophilus influenzae, meningitis and other invasive disease | 690.441 |
| 9) | Hemolytic uremic syndrome, post-diarrheal | 690.444 |
| 10) | Hepatitis A | 690.450 |
| 11) | Measles | 690.520 |
| 12) | Neisseria meningitidis, meningitis and invasive disease | 690.555 |

| | |
|---|---|
| 13) Pertussis (whooping cough) | 690.750 |
| 14) Poliomyelitis | 690.580 |
| 15) Rabies, human | 690.600 |
| 16) Rabies, potential human exposure | 690.601 |
| ~~17) Rubella (German Measles) (including Congenital Rubella Syndrome)~~ | ~~690.620~~ |
| 17~~18~~) Staphylococcus aureus infections with intermediate or high level resistance to vancomycin * | 690.661 |
| 18~~19~~) Streptococcal infections, Group A, invasive (including toxic shock syndrome) and sequelae to Group A streptococcal infections (rheumatic fever and~~,~~ acute glomerulonephritis ~~and scarlet fever~~) | 690.670 |
| 19~~20~~) Typhoid fever* | 690.730 |
| 20~~21~~) Typhus | 690.740 |

c) Class II
The following diseases shall be reported as soon as possible during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

| | Section |
|---|---|
| 1) Acquired immunodeficiency syndrome (AIDS) | 693.20 |
| 2) Amebiasis* | 690.300 |
| 3) Blastomycosis | 690.325 |
| 4) Brucellosis | 690.330 |
| 5) Campylobacteriosis* | 690.335 |
| 6) Chanchroid | 693.20 |
| 7) Chickenpox | 690.350 |
| 8) Chlamydia | 693.20 |
| 9) Cryptosporidiosis | 690.365 |
| 10) Cyclosporiasis | 690.368 |
| 11) Ehrlichiosis, human granulocytic | 690.385 |
| 12) Ehrlichiosis, human monocytic | 690.386 |
| 13) Encephalitis | 690.390 |
| 14) Giardiasis* | 690.420 |
| 15) Gonorrhea | 693.20 |
| 16) Hantavirus pulmonary syndrome | 690.442 |
| 17) Hepatitis B* | 690.451 |
| 18) Hepatitis C* | 690.452 |
| 19) Hepatitis, viral, other* | 690.453 |
| 20) Histoplasmosis | 690.460 |
| 21) Human immunodeficiency virus (HIV) infection | 693.20 |
| 22) Legionnaires' disease (legionellosis) | 690.475 |
| 23) Leprosy | 690.480 |



| | |
|---|---|
| 24) Leptospirosis | 690.490 |
| 25 Listeriosis | 690.495 |
| 26) Lyme disease | 690.505 |
| 27) Malaria | 690.510 |
| 28) Meningitis, aseptic (including arboviral infections) | 690.530 |
| 29) Mumps | 690.550 |
| 30) Ophthalmia neonatorum (gonococcal) | 693.20 |
| 31) Psittacosis | 690.590 |
| 32) Rocky Mountain spotted fever | 690.610 |
| 33) Rubella, including congenital rubella syndrome | 690.620 |
| 34) Salmonellosis* (other than typhoid fever) | 690.630 |
| 35) Shigellosis* | 690.640 |
| 36) Staphylococcus aureus infection, toxic shock syndrome | 690.695 |
| 37) Staphylococcus aureus infections occurring in infants under 28 days of age (within a health care institution or with onset after discharge) | 690.660 |
| 38) Streptococcal infections, group B, invasive disease, of the newborn | 690.675 |
| 39) Streptococcus pneumoniae, invasive disease * (including antibiotic susceptability test results) | 690.678 |
| 40) Syphilis | 693.20 |
| 41) Tetanus | 690.690 |
| 42) Trichinosis | 690.710 |
| 43) Tuberculosis | 696.170 |
| 4443) Yersiniosis | 690.752 |

*Cases and carriers (when carriers are required to be reported) of these diseases should be confirmed by appropriate laboratory tests before reporting.

d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, more stringent requirements shall be issued by this Department.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

SUBPART B: REPORTING

**Section 690.200 Reporting**

a) Reporting Entities and Manner of Reporting.
1) It shall be the duty of each of the following persons or any other person having knowledge of a known or suspected case or carrier of communicable disease or communicable disease death, to report within the time frames set forth in Section 690.100 of

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this Part (except for sexually transmissible diseases that are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) and tuberculosis, which is reportable under the Control of Tuberculosis Code (77 Ill. Adm. Code 696)) the case, suspected case, carrier or death:

A) Physicians,
B) Nurses,
C) Nurse aides,
D) Dentists,
E) Health care practitioners,
F) Laboratory personnel,
G) School personnel,
H) Long-term care personnel,
I) Day care personnel,
J) College/university personnel.

2) Laboratories are required to report certain positive test results as specified in Subpart C of this Part.
3) The reports shall be submitted by mail, telephone, facsimile or electronically (see Section 690.100) to the local health authority (see definition of, Section 690.900) in whose jurisdiction the reporter is located. Local health authorities receiving the reports shall notify the local health authority where the patient resides within 3 hours following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, a case transfer form supplied by the Department should be completed. The reporter shall cooperate in any case investigation conducted by health officials. If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this report, the local health authority shall forward a written copy to the Department according to time frames specified in Section 690.100.
c) The report to the Department shall provide the following information: name, age, sex, race, ethnicity, address of the case, and name of the attending physician (except for chickenpox). When requested, on forms provided by the Department, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing



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diagnostic and epidemiologic information will be required.

d) Confidentiality.
   1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.
   2) *Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule of an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of communicable diseases,* including *sexually transmitted diseases to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other persons making such report in good faith shall be immune from suit for slander or libel based upon any statements contained in such report. The identity of any individual* contained *in a report of communicable disease, sexually transmitted disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease, sexually transmitted disease or foodborne illness shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency.* (Communicable Disease Report Act [745 ILCS 45])
   e) Section 8-2101 of the Code of Civil Procedure explains the confidential character of reports obtained for research projects [735 ILCS 5]. The Department, and other agencies specified in this Section, may collect certain information and require reporting of certain diseases and conditions for research projects. The law provides for confidentiality of these reports, prohibits disclosure of all data so obtained except that necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.
   f) When the Director determines that morbidity and mortality from a certain disease warrants study, the Director may declare the disease to be the subject of an emergency medical investigation and require hospitals, physicians, etc., to submit information, data and reports as are necessary for the purpose of the specific study. Because any unusual case or cluster of cases is reportable, the data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].

(Source: Amended at 25 Ill. Reg. _____, effective _____)

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

**Section 690.300 Amebiasis (Reportable by mail, telephone, facsimile or**

**electronically as soon as possible, within 7 days)**

a) Incubation Period - Variable, from a few days to several months or years; commonly 2 to 4 weeks.
b) Control of Case and Carrier.
   1) Isolation is required for patients while they are in health care facilities. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13~~+~~6).)
   2) Cases or carriers who are food handlers or in sensitive occupations may return to their usual occupations after treatment has been completed.
   3) Concurrent disinfection of feces and articles contaminated with feces is required; disposal of excreta by sanitary sewer is appropriate; hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)
   4) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.
c) Control of Contacts. Household members and other suspected contacts should be tested for amebiasis. Household contacts who are employed as food handlers or in sensitive occupations and who test positive shall be restricted according to subsection (b)(2) of this Section.
d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)
e) General Measures.
   1) Sanitary disposal of human feces.
   2) Safeguarding of water supplies.
      A) Protect potable water supplies against fecal contamination.
      B) Boil drinking water where necessary.
      C) Chlorination is inadequate for destruction of cysts.
      D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.
   3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.
   4) Education in personal cleanliness, particularly washing hands with soap and water after use of the toilet. Supervision of persons incompetent in personal hygiene.
   5) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.
   6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
f) Laboratory Reporting. Laboratories are required to report to the local health authority all patients from whom Entamoeba histolytica trophozoites or cysts have been identified or patients from whom



antigen detection is positive.
g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.320 Anthrax (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)**

a) Incubation Period - 2 to 7 days; most cases occur within 48 hours following exposure.
b) Control of Case.
   1) Isolation is required until lesions have healed. (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13~~+~~6)).
   2) Concurrent disinfection of discharges from lesions is required. Spores can be killed only by special measures such as steam under pressure or incineration (only in facilities approved for the disposal of hazardous biological agents).
   3) Terminal cleaning (see Section 690.1010(e)(2)) is required.
c) Control of Contacts. No restrictions if patient is properly isolated.
d) General Measures.
   1) A search should be made for history of exposure to infected animals or animal products and trace to place of origin.
   2) Individuals should avoid contact with animal hide and hair products imported from anthrax endemic countries.
   3) Animals suspected of being ill with anthrax should be isolated immediately in the care of a veterinarian and the presence of this disease in animals should be reported to the Illinois Department of Agriculture. Post-mortem examination of animals should be made only by a veterinarian or in the presence of one.
   4) Milk from an infected animal should not be used.
   5) Effluents and trade wastes, and areas of land polluted by such effluents and wastes, from factories or premises where spore-infected hides or other infected hide and hair products are known to have been worked up into manufactured articles should be controlled and disinfected.
   6) Special instruction should be given to all employees handling raw hides in regard to the necessity of personal cleanliness. Every employee handling raw hides, hair, or bristles who has recent abrasion of the skin should report immediately to a physician.
   7) Tanneries, woolen mills, and factories or laboratories in which work may involve exposure to anthrax should be equipped with proper ventilating apparatus so that dust can be promptly removed before reaching the respiratory tract of humans.

8) Inhalation anthrax cases should be reviewed carefully for consideration of a bioterrorist event.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority all patients from whom Bacillus anthracis has been isolated, or who have a positive immunofluorescence test for anthrax or a positive immunotransblot for anthrax or identification of a high concentration of gram positive sporeforming rods in blood.

2) Laboratories are required to forward isolates of Bacillus anthracis to the Department's laboratory for typing.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - Indefinite; probably a few weeks or less, to months; for symptomatic infections, average is 45 days.

b) Control of Case.

1) Isolation is not required.

2) Concurrent disinfection of sputum and discharges, and articles contaminated with sputum or discharges is required. (See Section 690.1000(e)(1)(A) through (E).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

4) A search for the source of infection is not advised unless a cluster of cases is identified.

c) Control of Contacts. There are no restrictions on contacts.

d) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Blastomyces dermatitidis is cultured or from whom there is identification of the yeast form of Blastomyces dermatitidis using potassium iodide stain. Blastomyces dermatitidis isolates from the skin do not need to be reported.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.330 Brucellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - Highly variable and difficult to ascertain; usually 5 to 60 days, occasionally several months.



b) Control of Case.

1) Isolation is required until lesions have healed. (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13 ~~6~~).)

2) Concurrent disinfection of body discharges is required. (See Section 690.1000(e)(1).)

c) Control of Contacts. There are no restrictions on contacts.

d) General Measures.

1) Pasteurization of milk and milk products, whether from cows or goats. The public should be encouraged to consume only pasteurized dairy products, especially when traveling abroad.

2) Search for infection among livestock and elimination of infected animals from the herd.

3) Education of the public, and particularly workers in slaughter houses, packing houses and butcher shops, as to the nature of the disease, the mode of transmission, and the danger of handling carcasses or products of infected animals.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority all patients from whom Brucella species are isolated and all patients with positive serologic tests for Brucella.

2) Laboratories shall forward isolates of Brucella to the Department's laboratory for further identification.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority an all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - 1 to 10 days, usually 2 to 5 days.

b) Control of Case.

1) Enteric precautions (see Section 690.1010(a)(1)) or any equivalent isolation procedures (see Section 690.1010(a)(13~~6~~)) are required for hospitalized patients until clinical recovery (i.e., absence of diarrhea for 24 hours).

2) Concurrent disinfection of feces and articles in contact with feces. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).

c) Control of Contacts. No restriction of contacts.

d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)

e) General Measures.

1) The public should be educated to thoroughly cook all foods

derived from animal sources, especially poultry.

2) The public should be educated to avoid cross-contamination of cooked food with raw food.

3) Only pasteurized milk should be consumed.

4) Animals, such as young puppies with diarrhea, or poultry, can be sources of infection. Hands should be washed after contact with animal feces.

5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Campylobacter has been isolated.

g) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority. An individual case report form is not required unless an outbreak occurs.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.350 Chickenpox (Varicella) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - From 2 to 3 weeks; commonly 13 to 17 days. The incubation period may be up to 4 weeks if immune globulin has been administered.

b) Control of Case.

1) Children shall be excluded from school for a minimum of 5 ~~five~~ days after the appearance of eruption or until vesicles become dry. In a health care facility, strict isolation (see Section 690.1010(a)(1)) is required until all lesions are crusted.

2) Concurrent disinfection is required of articles soiled by discharges from the nose, throat and lesions (see Section 690.1000(e)(1)).

c) Control of Contacts. No general restrictions. Susceptible contacts in a health care facility should be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immunocompromised patients.

d) General Measures.

1) Varicella vaccine is ~~currently available and~~ recommended for all children, in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). ~~without contraindications between 12 18 months of age. It is also recommended for immunization of all susceptible children by age 13. Children~~ Varicella vaccine is recommended for all susceptible children, 12 months of age and older, who have not



been immunized previously and who do not have a reliable history of chickenpox ~~are considered susceptible~~.

2) Susceptible adults who are at high risk of exposure to varicella or who will have close contact with persons at high risk for serious complications of varicella should be vaccinated in accordance with the most recent recommendations of ACIP.

e) Laboratory Reporting. Serologic testing of children is generally not necessary. Serologic testing may be useful in adult vaccination programs.

fe) Reporting of Cases. Uncomplicated cases shall be reported by the local health authority on the Department Summary Sheet by age, sex and week of onset. Cases with complications such as meningitis should be reported in more detail.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.360 Cholera (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - From a few hours to 5 days, usually 2 to 3 days.

b) Control of Case.

1) Isolation is required until diarrhea ceases. See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13~~16~~)).

2) Return to Work Restrictions:

A) Cases who are food handlers shall not return to their occupations until 3 ~~three~~ consecutive release specimens of feces, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart, are found to be negative for Vibrio cholerae.

B~~)~~ ~~Cases who have diarrhea and work in food handling or sensitive occupations should be restricted until diarrhea has ceased for at least 24 hours.~~

Bc) Cases who work in sensitive occupations, use universal precautions or any equivalent isolation procedure, and do not have diarrhea may return to work, but they must submit 3 consecutive specimens of feces which are found to be negative for V. cholerae, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart.

C) Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.

3) Concurrent disinfection of feces, vomitus, and linens and other articles used by patients is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)
4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts. Observation of contacts is required during the period of household exposure and for five days after last exposure.
1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.
A) There are no automatic restrictions from working for contracts who are food handlers or employed in sensitive occupations and who have had no symptoms of cholera during the previous 4 weeks.
B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.
C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the requirements of subsection (b)(2) of this Section.
2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.
A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.
B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to stop working in their occupations, but must submit 3 release specimens as described in subsection (b)(2) of this Section.
C) Health care workers shall be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.
D) If any of the 3 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~).~~.)

e) General Measures.
1) The local health authority should educate the public about safe choices of food and drink when traveling to developing countries.
2) The local health authority should educate the public that raw seafood should not be brought home from developing countries.
3) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.
1) Laboratories are required to report to the local health authority all patients from whom Vibrio cholerae has been isolated and are required to report positive serology results.
2) Laboratories are required to forward Vibrio cholerae isolates to the Department's laboratory for serotyping and toxin testing.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period. The incubation period is not precisely known. The usual range is one to 12 days with an average of approximately 7 days.

b) Control of Case.
1) Enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(13~~+6~~)) are required.
2) Cases with diarrhea may not be employed as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 24 hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.
3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet is required. (See Section 690.1000(e)(1).)
4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.
1) Household contacts and others in close contact with the case who have diarrhea should be tested for Cryptosporidium.
2) Contacts with diarrhea shall not be employed as food handlers or in sensitive occupations while they have diarrhea.

d) General Measures.
1) Provide education to the public about personal hygiene.
2) Provide education to the public about avoiding contact with calves and other animals with diarrhea.
3) Filtration should be included in the treatment of public water supplies.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Cryptosporidium species has

been identified, who have positive antigen detection, or who are polymerase chain reaction positive.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - 12 to 72 hours.

b) Definition.

1) Any hospitalized neonate (infant 28 days of age or younger) having 4 ~~four~~ or more loose or watery or otherwise pathological stools in 24 hours, with or without weight loss, anorexia, and listlessness shall be considered to have diarrhea of the newborn. Such neonates shall be isolated immediately pending determination of the etiology of the diarrhea.

2) The occurrence in a maternity department of 2 ~~two~~ or more cases of diarrhea of the newborn within the same 2 ~~two~~ week period shall be considered epidemic diarrhea. A single case of diarrhea with a proven contagious etiological agent shall be considered epidemic diarrhea.

c) Control of Case.

1) Isolation is required pending determination of the etiology of the diarrhea. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13~~16~~).) The infected infant shall immediately be removed from the hospital nursery to isolation quarters and be cared for by separate nursing staff, skilled in isolation techniques, the members of which do not come in contact with other infants or children.

2) Immediate culture and examination of feces for specific bacterial and viral agents, and microscopic examination for protozoa and helminths, as indicated by the patient's clinical presentation, are required when the etiology is unknown.

3) Concurrent disinfection, with sanitary disposal of feces, is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000 (e)(2).)

d) Control of Contacts to Epidemic Diarrhea.

1) When only one case of diarrhea of the newborn has occurred, and the baby's mother has tested positive for the same organism causing illness in the baby, testing for the identified pathogen is required only of other babies that were in the nursery at the same time as the infected baby.



2) When multiple cases of diarrhea of the newborn have occurred, when the source of the infected baby is most likely another infant or staff member, or when the etiologic agent is unknown:

A) The involved nursery shall be closed immediately to new admissions.

B) Any infant transferred from the involved nursery to another part of the hospital or to another health care institution must be placed in enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)) or equivalent isolation procedures (see Section 690.1010(a)(13~~16~~)).

C) The census in the involved nursery shall be reduced by discharge as rapidly as possible.

D) All exposed infants in the involved nursery shall be cared for by a separate nursing staff skilled in isolation techniques. Particular emphasis should be placed on hand washing between contacts with infants.

E) No new admissions may be made to the involved maternity department. A separate maternity section may be established for new maternity admissions upon approval by the Department.

F) Bacteriologic or microscopic examination of stools, according to clinical indication, is required of all ill and exposed infants, mothers, attending physicians and maternity and nursery service personnel. Those persons found to harbor the suspected organisms or parasites shall be excluded from maternity, nursery and pediatric service until released by the Department. Personnel who use universal precautions (see Section 690.1010(a)(2)) while caring for patients shall not necessarily be restricted from their occupations if they do not have diarrhea (see rules in this Part specific to each etiologic agent). Health care workers shall be restricted from their occupations if they fail to begin submitting specimens within one week after notification. This occupational restriction shall terminate when required specimens are submitted, dependent upon the provisions of rules specific to each etiologic agent.

G) Investigation shall be made of all infants discharged from the hospital in the period 2 ~~two~~ weeks prior to the onset of the initial case to determine if additional cases have occurred.

H) Maternity service may be renewed in the involved maternity section only after discharge of all contact infants and mothers and after terminal cleaning has been completed (see Section 690.1000(e)(2)).

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The type of report form to be

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used will be determined based on the etiologic agent involved.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - Usually 2 to 5 days, occasionally longer.
b) Control of Case.
   1) Isolation is required until 2 ~~two~~ successive cultures from the nose and 2 ~~two~~ successive cultures from the throat, taken not less than 24 hours apart, are negative for diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent.
   2) Cultures shall not be accepted for release from isolation until at least 7 ~~seven~~ days have elapsed since the last use of chemotherapeutic or antibiotic agents.
   3) Specimens will be considered to be satisfactory only if they reach a laboratory acceptable to the Department within 48 hours, and if growth of normal flora occurs.
   4) Concurrent disinfection is required of all articles soiled by discharges of the patient. (See Section 690.1000(e)(1).)
   5) Terminal cleaning is required. (See Section 690.1000(e)(1).)
c) Control of Contacts.
   1) All contacts should be cultured from the nose and from the throat.
   2) All susceptible contacts shall be isolated.
   3) All contacts found to be carriers should be kept under quarantine and isolation until initiation of proper therapy, or until requirements in subsection (b)(1), (2) and (3) are met.
   4) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by 2 ~~two~~ successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority.
d) Control of Carriers.
   1) Carriers discovered as the result of epidemiological follow-up of a known case shall be handled in the same manner as contact carriers. (See subsection (c)(3).)
   2) Carriers discovered in another way (screening, etc.) may, if well, continue their normal occupation, unless they are food handlers or in sensitive occupations, until such time as the results of a virulence test are available. If the organism is found to be virulent, such carriers shall be handled as contact carriers. (See subsection (c)(4).)
e) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)
f) General Measures.
   1) ~~Diphtheria is a preventable disease.~~ Children should be immunized



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in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices ~~prior to admission to any school or group care setting~~. Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry. ~~Susceptible individuals may be actively immunized by means of diphtheria toxoid. Non-immune individuals who rely on equine diphtheria antitoxin are subject to the risk of serum anaphylaxis. Therefore, all individuals should be actively immunized against diphtheria and the immunity should be bolstered by periodic booster inoculations.~~
   2) Children one year of age and older enrolled in child care facilities must be vaccinated against diphtheria in accordance with the immunization requirements specified in rules of the Department entitle Immunization Code (77 Ill. Adm. Code 695).
   3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against diphtheria in accordance with the immunization requirements specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).
   ~~2) All infants should be given a series of three DPT (diphtheria tetanus toxoid with pertussis vaccine combined) injections beginning at 2 3 months, with an interval of 6 8 weeks between injections.~~
   ~~3) A booster dose of DPT should be administered 1 year later and repeated when entering school.~~
   4) Persons 7 6 years of age or older should be given tetanus-diphtheria combined toxoid (Td) either as a primary immunizing agent for diphtheria, or as a booster for diphtheria and tetanus.
   5) Routine booster doses of tetanus-diphtheria combined toxoid (Td) should be given every 10 years.
   6~~5~~) Occasionally, in a non-immune individual who has been exposed, antitoxin will have to be used. This should be followed immediately with active immunization. Non-immune individuals who rely on equine diphtheria antitoxin are subject to the risk of serum anaphylaxis.
   ~~6) Isolates should be submitted to the Department's laboratory for toxicity testing.~~
g) Laboratory Reporting.
   1) Laboratories shall forward isolates of Corynebacterium diphtheriae to the Department's laboratory for toxicity testing.
   2) Report any request for suspected diphtheria testing as soon as possible.

h) Reporting of Cases.
An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.385 Ehrlichiosis, Human Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - 7 to 21 days after tick exposure.
b) Control of Case.
1) Isolation is not required.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.
4) Ticks must be carefully removed from patient.
c) Control of Contacts. No quarantine required.
d) General Measures.
1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals. ~~The local health authority should investigate cases to determine the location of their tick exposure (from 7 to 21 days prior to onset).~~
2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat ~~Persons should be educated about the importance of performing tick checks during and after outdoor activities.~~
3) The local health authority should investigate cases to determine the location of tick exposure (7 to 21 days prior to onset of symptoms). ~~The public should be educated in tick avoidance, use of tick repellents, proper removal of ticks and symptoms of tick borne diseases.~~
4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.
5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective



_____)

**Section 690.386 Ehrlichiosis, Human Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - 7 to 21 days after tick exposure.
b) Control of Case.
1) Isolation is not required.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.
4) Ticks must be carefully removed from patient.
c) Control of Contacts. No quarantine required.
d) General Measures.
1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals. ~~The local health authority should investigate cases to determine the location of their tick exposure (from 7 to 21 days prior to onset).~~
2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat ~~Persons should be educated about the importance of performing tick checks during and after outdoor activities.~~
3) The local health authority should investigate cases to determine the location of tick exposure (7 to 21 days prior to onset of symptoms). ~~The public should be educated in tick avoidance, use of tick repellents, proper removal of ticks and symptoms of tick borne diseases.~~
4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.
5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.400 Enteric Escherichia coli Infections (E. coli: 0157:H7 and Other Enterohemorrhagic E. coli, Enterotoxigenic E. coli and Enteropathogenic E. coli) (Reportable by telephone as soon as possible, within 24 hours)**

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a) Incubation Period - for E. coli 0157:H7, up to 8 days, commonly 3 to 4 days. For enterotoxigenic E. coli, from 10 to 72 hours.
b) Control of Case.
   1) Isolation is required until diarrhea ceases for at least 24 hours. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13~~16~~).)
   2) Cases shall not work as food handlers until 2 consecutive negative stool release specimens are obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours. Health care workers who use universal precautions, and who do not have diarrhea, shall not be restricted from their occupations, but must submit 2 consecutive negative stool release specimens obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall ~~will~~ be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.
   3) Concurrent disinfection of feces and articles soiled with feces is required. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).
   4) Terminal cleaning is required (see Section 690.1000(e)(2)).
c) Control of Contacts.
   1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.
      A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli during the previous 4 weeks.
      B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall ~~will~~ be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.
      C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the restrictions on returning to work in subsection (b)(2) of this Section.
   2) Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous 4 Weeks.



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      A) All contacts employed as food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.
      B) Health care workers who use universal precautions or any equivalent isolation procedures, and who do not currently have diarrhea, are not required to stop working at their occupations but must submit release specimens as described in subsection (b)(2) of this Section.
      C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.
      D) If either of the 2 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli, or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(1) of this Section.
d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~)~~.)
e) General Measures.
   1) The local health authority should educate the public about the need to thoroughly cook ground meat prior to ingestion to prevent infection by E. coli 0157:H7.
   2) Irradiation of beef and produce could reduce contamination by E. coli 0157:H7
   3) The local health authority should educate the public that milk should be pasteurized before ingestion.
   4) Protect public water supplies from contamination by sewage and animal waste.
   5) Swimming pools should be chlorinated.
   6) Adequate hygiene in daycare, especially frequent handwashing, should be ensured.
   7) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
f) Laboratory Reporting.
   1) Laboratories are required to report all patients with isolation of Escherichia coli 0157 or other enterohemorrhagic E. coli or shiga toxin producing E. coli to the local health authority.
   2) Laboratories are required to submit E. coli 0157 or other enterohemorrhagic E. coli or other shiga toxin producing E. coli isolates to the Department's laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing methods such as pulse field gel electrophoresis is considered necessary.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)**

a) Definition of Foodborne or Waterborne Illness: Foodborne and waterborne illnesses are caused by many different bacterial, viral, parasitic and chemical etiologic agents. Foodborne or waterborne illnesses usually produce gastrointestinal symptoms, but uncommon forms of foodborne or waterborne illness produce other symptoms. "Foodborne Pathogenic Microorganisms & Natural Toxins" (Section 690.1010(a)(45)) lists most known causes of foodborne and waterborne disease. All causes of foodborne or waterborne illness specified in this Part are required to be reported.

b) Investigation of Cases and Outbreaks.
   1) All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority.
   2) Investigation of outbreaks shall conform to the following:
      A) A central log should be maintained of all incoming complaints of illness suspected to be due to ingestion of food or water. The log should be reviewed at the time of each new entry to determine if there is a pattern of illness suggesting a public health threat.
      B) When an outbreak is suspected, a small number of ill persons (approximately 10) with symptoms typical of the syndrome (or with diagnostic laboratory results) should be interviewed. Case histories should include:
         i) Date and time of onset of each person's illness.
         ii) A comprehensive list of signs and symptoms of each ill person. The presence or absence of each sign and symptom should be noted on the interview form as well as the duration of each sign and symptom.
         iii) All foods and drinks ingested (and their sources) during the 72 hours prior to onset of illness.
      C) A hypothesis should be established regarding a suspect common source when histories indicate a majority of ill persons attended one or more common events or were exposed to a potential common source, and became ill with similar symptoms at approximately the same interval after exposure.
      D) A questionnaire should be developed for collecting information specific to each outbreak using restaurant



menus, the list of foods and drinks served at a suspect function, etc. When using menus, include information about foods served with each menu item, appetizers, condiments available at the table, condiments ordered from the kitchen (sour cream, butter, etc.), type of salad dressing, ice ingestion, and all other choices available to diners. The questionnaire should require all interview subjects to answer specifically whether each item was ingested.

E) Case histories should be obtained from all ill persons and well persons, when possible. Interview each adult directly, not through a spouse or other household member. Children should be interviewed with the assistance of an adult. In person or telephone interviews are preferred to mailed questionnaires. When available, the number of well persons interviewed should be the same or more than the number of ill persons interviewed.

3) Specimens should be collected from a representative sample of cases, when practical, and tested to confirm the etiologic agent responsible for the outbreak.

4) Samples of implicated foods should be collected and tested, when practical, to identify the vehicle responsible for the outbreak.

5) A final report summarizing the findings of the investigation must be prepared by the local health authority using "Investigation of a Foodborne Outbreak", form number CDC 52.13, Rev. 10/2000 9-99. This form is available from the Department.

c) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~).~~.)

d) General Measures.
   1) Persons with diarrhea shall not work as food handlers and must abide by restrictions placed on food handlers specified in this Part, specific to each etiologic agent.
   2) Persons with pyogenic skin infections shall not work as food handlers.
   3) Potentially hazardous foods shall be kept at temperatures below 41 ~~45~~ degrees F (5 ~~7~~ degrees C) or above 140 degrees F (60 degrees C), as appropriate, during display and service.
   4) When outbreaks of foodborne or waterborne disease occur in commercial food service establishments, food handlers in the establishment where the outbreak occurred are considered to be contacts to cases and shall be subject to this Part, specific to each etiologic agent.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - Variable, 5 to 25 days, sometimes longer.

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b) Control of Case and Carrier.
   1) Isolation is required until absence of fever and diarrhea. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13~~6~~).)
   2) Cases or carriers who work as food handlers or in sensitive occupations are prohibited from performing their job duties until 3 consecutive release stool specimens, taken not less than 48 hours apart and at least 24 hours after discontinuation of an antimicrobial agent, are negative for trophozoites and cysts of Giardia lamblia or who are negative by antigen detection. Health care workers with diarrhea are restricted from their occupations until diarrhea has ceased for 24 hours. Health care workers who use universal precautions (see Section 690.1010(a)(2)) and who do not have diarrhea are not required to cease their occupations, but must submit release specimens as described above. Health care workers shall be restricted from their occupations if they do not comply with submission of release specimens within 2 ~~two~~ weeks after notification. This occupational restriction will terminate when specimens are submitted.
   3) Concurrent disinfection of feces and articles soiled with feces is required unless disposal of excreta is by sanitary sewer; hand washing after use of the toilet is mandatory (see Section 690.1000(e)(1)).
   4) Terminal cleaning is required (see Section 690.1000(e)(1)).
   5) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.

c) Control of Contacts.
   1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.
      A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of giardiasis during the previous 4 weeks.
      B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall ~~will~~ be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.
      C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for giardiasis, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.
   2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.
      A) All contacts who work as food handlers or in sensitive occupations and currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3~~2~~ stool specimens as described in subsection (b)(2) of this Section.
      B) Health care workers who use universal precautions, and who do not currently have diarrhea, are not required to stop working in their occupations but must submit release specimens as described in subsection (b)(2) of this Section.
      C) Health care workers shall not work in their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.
      D) If any of the 3 release specimens referenced in (c)(1)(A) or (c)(2)(B) is positive for Giardia, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)

e) General Measures.
   1) Sanitary disposal of human feces.
   2) Safeguarding of water supplies:
      A) Protect potable water supplies against fecal contamination.
      B) Boil drinking water where necessary.
      C) Chlorination appears inadequate for destruction of cysts.
      D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.
      E) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.
   3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially where moist foods that are eaten raw are served.
   4) Education on personal cleanliness, particularly washing hands with soap and warm water after use of the toilet. Supervision of persons incompetent in personal hygiene. This is especially important in daycare centers and in the institutional setting.
   5) Maintain high index of suspicion in travelers returning from endemic areas.
   6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.
   Laboratories are required to report to the local health authority cases in whom Giardia lamblia trophozoites or cysts are found in stool or by antigen detection.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the



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local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.441 Haemophilus influenzae ~~Influenzae~~, Meningitis and Other Invasive Disease (Reportable by telephone, within 24 hours)**

a) Incubation Period - Unknown, most likely 2 to 4 days.
b) Control of Case.
   1) Respiratory isolation, disease-specific precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13~~6~~)) is required until 24 hours after chemotherapy is started.
   2) Concurrent disinfection is not required.
   3) Terminal cleaning is not required.
c) Control of Contacts.
   1) No restrictions.
   2) Contacts under 6 years of age, infants in particular, should be observed for signs of illness, especially fever.
   3) When a case of Haemophilus influenzae type b occurs, selective chemoprophylaxis may be desirable for household contacts in households in which there are other children under 12 months of age or children 1 to 3 years of age who are inadequately immunized against Haemophilus influenzae type b. Chemoprophylaxis is also recommended in daycare center classrooms where a case has occurred and children under 12 months of age have been exposed or children 12 to 24 months of age have been exposed and are inadequately immunized.
d) General Measures. ~~All---infants---should--be--vaccinated--against Haemophilus-influenzae-type-b-disease,-in-accordance-with--the--latest recommendations-of-the-Immunization-Practices-Advisory-Committee--(see Section-690.1010(a)(8)).~~
   1) Infants and children should be vaccinated against Haemophilus influenzae type b disease in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).
   2) Children 2 years of age and older enrolled in child care facilities and school operated programs below the kindergarten level must be vaccinated against Haemophilus influenzae type b disease in accordance with the immunization requirements specified in the rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
e) Laboratory Reporting.
   1) Laboratories are required to report to the local health authority



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when Haemophilus influenzae (any type) has been cultured from a normally sterile site or positive antigen detection in cerebrospinal fluid.
   2) Hospitals are also required to forward to the Department's laboratory all Haemophilus influenzae isolates from normally sterile sites for typing~~,-unless-the-submitting-laboratory-has typed-the-organism~~.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.450 Hepatitis A (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - Dose related; from 15 to 50 days, average 28 to 30 days.
b) Control of Case.
   1) Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(13~~6~~)) are required until two weeks after onset of initial symptoms or one week after onset of jaundice. Prolonged enteric precautions or an equivalent isolation procedure should be considered in an outbreak in a neonatal intensive care unit. Patients shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.
   2) Concurrent disinfection of feces is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)
   3) Terminal cleaning is not required.
c) Control of Contacts.
   1) No restrictions. Quarantine is not indicated.
   2) Passive immunization of contacts, including household contacts, who have been exposed in such a manner to allow for transmission of hepatitis A virus and who have not been vaccinated for hepatitis A should be started as early as possible, but within two weeks from the last exposure, with immune globulin, 0.01 ml. per lb. (0.02/kg.) body weight. Immune globulin should also be administered to food handlers who have worked with a hepatitis A case who was a food handler. In a daycare center, immune globulin should be given to all classroom contacts. If the center admits children in diapers, immune globulin should be given to all potentially exposed children and staff in the center. Given intramuscularly within two weeks after exposure, this has been found effective in protection against hepatitis A for 6 to 8 weeks.

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d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)
e) General Measures.
   1) The local health authority should educate the public about good sanitation and personal hygiene, with special emphasis on hand washing and sanitary disposal of feces.
   2) The local health authority should educate food handlers about hand washing. Managers of restaurants and other food services should supervise the hand washing of food handlers.
   3) Travelers to highly endemic areas may be given prophylactic doses of immune globulin, or, if time permits, may be given the hepatitis A vaccine series.
   4) Local health authorities should educate the public that oysters, clams and other shellfish from contaminated areas should be thoroughly cooked before ingestion.
   5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in daycare centers and schools.
   6) Recommendations for hepatitis A vaccine are listed in the "Prevention of Hepatitis A Through Active or Passive Immunization" (see Section 690.1010(a)(~~7~~11)).
   7) Infants and children should be vaccinated against hepatitis A disease, in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).
f) Laboratory Reporting. Laboratories are required to report to the local health authority cases that have been found positive for IgM-specific antibodies to the hepatitis A virus (anti-HAV IgM).
g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case occurs in a household, only a morbidity card is required for subsequent cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.451 Hepatitis B (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period (for cases) - Usually 45 to 180 days, average 60 to 90 days; variation may in part be related to size of inoculum.
b) Control of Cases and Carriers.
   1) Use universal precautions, blood and body fluid precautions, disease-specific precautions or any equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(~~13~~16)) for body fluids and items exposed to body fluids until disappearance of hepatitis B surface antigen (HBsAg) and appearance of hepatitis B surface antibody (anti-HBs) by serologic testing.
   2) Concurrent disinfection is required of equipment contaminated



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with blood, saliva and semen (see Section 690.1000(e)(1)).
   3) Terminal cleaning is not required.
c) Control of Contacts.
   1) No restrictions. Quarantine is not indicated.
   2) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). ~~as recommended in the publication "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)) and "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).~~
   3) Infants born to HBsAg-positive mothers should be given prophylaxis in accordance with the most recent recommendations of ACIP. ~~according to recommendations contained in the publications specified in subsection (c)(2) of this Section.~~
d) General Measures.
   1) Pregnant women shall ~~should~~ be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available.
   2) Health care providers shall refer pregnant women who are hepatitis B surface antigen positive to a local health authority for counseling and recommendations on testing and immunizing contacts within seven days after report of the test result.
   3) Infants, children and persons at high risk should be vaccinated against ~~for~~ hepatitis B in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of ACIP. ~~according to the publication "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).~~
   ~~4) Persons at high risk should be vaccinated for hepatitis B according to the publication "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).~~
   4) Children two years of age and older enrolled in child care facilities must be vaccinated against hepatitis B in accordance with the immunization requirements specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
   5) Children 2 years of age and older enrolled in school operated programs below the kindergarten level and children who entered the fifth grade for the first time after July 1997 must be vaccinated against hepatitis B in accordance with the immunization requirements specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

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65) Persons previously known to test positive for hepatitis B surface antigen must never donate blood for blood transfusion.
76) The "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(56)) shall be followed.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who tested positive for HBsAg or IgM antibodies to hepatitis B core antigen.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases and on all carriers where contacts are identified who need vaccination against hepatitis B.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.452 Hepatitis C Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - 2 weeks to 6 months, usually 6 to 9 weeks.
b) Control of Case.
1) Use universal precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13~~+6~~)).
2) Concurrent disinfection is required of equipment contaminated with blood (see Section 690.1000(e)(1)).
3) Terminal cleaning is not required.
c) Control of Contacts. No restrictions. Quarantine is not indicated.
d) General Measures.
1) Patients with a history of hepatitis C or a positive laboratory test for hepatitis C should be advised not to donate blood, body organs, other tissue or semen.
2) Members of the public who may be recommended for testing are included in the "Recommendations for Prevention and Control of Hepatitis C Infection and HCV-Related Chronic Disease" (see Section 690.1010(a)(9~~+3~~)).
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients testing positive for hepatitis C by polymerase chain reaction, recombinant immunoblot assay or any other supplemental or confirmatory test that may be used.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on patients whose infections are verified by a supplemental or confirmatory test.

(Source: Amended at 25 Ill. Reg. _____, effective _____)



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**Section 690.475 Legionnaires' Disease (Legionellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - 2 to 10 days, most often 5 to 6 days. With the Pontiac Fever form - 5 to 66 hours, most often 24-48 hours.
b) Control of Case.
1) Isolation is not required.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.
c) Control of Contacts.
1) Quarantine is not indicated.
2) Immunization of contacts is not indicated because there are no vaccines available.
d) General Measures.
1) The local health authority should investigate cases to determine potential common exposures.
2) Cooling towers should be drained when not in use.
3) Cooling towers should be cleaned periodically to remove scale and sediment and a biocide should be used to prevent the growth of slime-forming organisms.
e) Laboratory Reporting.
1) Laboratories are required to report to the local health authority patients from whom Legionella species is cultured. Laboratories are also required to report to the local health authority patients with a ~~four~~-fold or greater increase in legionella antibody titer, a positive urine antigen test, or a positive polymerase chain reaction.
2) Laboratories are required to forward isolates of Legionella pneumophila to the Department's laboratory.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - Ranges from 9 months to 20 years; average is 4 years for tuberculoid leprosy and 8 years for lepromatous leprosy.
b) Control of Case.
1) No isolation is required for tuberculoid leprosy. Contact isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13~~+6~~)) is required during hospitalization for lepromatous leprosy.
2) Infectious patients may return to school or work after continuous

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treatment for a specified period with antimicrobial agents. Infectious patients are non-infectious after 3 ~~three~~ months of continuous treatment with dapsone or clofazimine or within 3 ~~three~~ days after ~~of~~ continuous treatment with rifampin.

3) Concurrent disinfection of discharges and articles soiled by nasal discharges of infectious patients is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning (see Section 690.1000(e)(2)) is required.

c) Control of Contacts. There are no restrictions for contacts. However, contacts should be examined for secondary cases. Initial examination should be made at time case is discovered and periodic examinations at yearly intervals thereafter for 5 ~~five~~ years after last contact with an infectious case.

d) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Mycobacterium leprae has been identified.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - 4 to 19 days, usually 10 days.

b) Control of Case.

1) Universal precautions, blood and body fluid precautions, disease-specific precautions (see Section 690.1010(a)(1)) or any other equivalent isolation procedure (see Section 690.1010(a)(13~~16~~)) of blood and urine are required during hospitalization.

2) Concurrent disinfection of discharged urine is required. Where sewage disposal systems are adequate, urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

3) Terminal cleaning is not required.

c) Control of Contacts. There are no restrictions on contacts.

d) General Measures.

1) If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.

2) Protective boots and gloves should be used when there is contamination of area by urine from infected animals.

3) Rodents should be controlled.

4) Infected domestic animals should be segregated to avoid urine contamination of areas where persons work.



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5) The public should be advised not to swim in waters accessible to wild or domestic animals, particularly if they have skin abrasions.

6) The public should be advised to avoid taking untreated recreational water into their mouths or swallowing such water.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Leptospira species has been cultured. Laboratories are also required to report to the local health authority patients with a significant (each laboratory will determine criteria for significance) antibody titer against leptospires.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.495 Listeriosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - Variable; probably 3 to 70 days; average of 21 days.

b) Control of Case.

1) Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)) or isolation procedures (see Section 690.1010(a)(13~~16~~)) required until clinical recovery.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

c) Control of Contacts. No restrictions.

d) General Measures.

1) The local health authority should investigate clusters of cases to determine potential common exposures.

2) All dairy products, except those that are aged for 60 days or longer, should be pasteurized; soft cheeses made with unpasteurized milk have been associated with past listeriosis outbreaks.

3) Contamination of ready-to-eat foods by uncooked meats or poultry should be avoided.

4) The local health authority should educate the public that thorough reheating of potentially contaminated left over foods is advisable, because Listeria can multiply at refrigerator temperatures.

5) Pregnant women and immunocompromised individuals should be advised to eat only properly cooked meats and pasteurized dairy products. They should also avoid contact with potentially infective materials, such as aborted animal fetuses on farms.

e) Laboratory Reporting.

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1) Laboratories are required to report to the local health authority patients from whom Listeria monocytogenes has been cultured from a normally sterile site.
2) Laboratories are required to forward isolates of Listeria monocytogenes from a sterile site to the Department's laboratory.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.505 Lyme Disease (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - From 3-32 days after tick exposure for the appearance of erythema migrans (EM). In the absence of EM, incubation periods are extremely variable for early disseminated or later stage disease and signs and/or symptoms can appear weeks to months to years following Borrelia burgdorferi infection; objective diagnosis aids in eliminating other conditions and disorders manifesting the same symptoms as Lyme disease.
b) Control of Case.
1) Isolation is not required.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.
4) Ticks must be carefully removed from the patient.
c) Control of Contacts.
1) Quarantine does not apply.
2) Immunization of contacts does not apply.
d) General Measures.
1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals. ~~The local health authority should investigate cases to determine the source of their tick exposures.~~
2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat. ~~The local health authority should be educated about tick avoidance and prevention measures for tickborne diseases, including use of tick repellents and proper removal of ticks.~~
3) The local health authority should investigate cases to determine the location of tick exposures. ~~The public should be educated as to the mode of transmission and methods of prevention of Lyme disease.~~
4) Persons becoming ill following a tick bite should report the bite immediately to a physician.
5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.



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e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Borrelia burgdorferi has been cultured and patients with significant Borellia burgdorferi enzyme immunoassay or immunofluorescent assay test result followed by a significant Western blot result (significance determined by the Second National Conference on Serologic Diagnosis of Lyme Disease, Section 690.1010(a)(14~~17~~)).
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - Average 7 days to 14 ~~12~~ days for Plasmodium falciparum, 8 days to 14 days for P. vivax and P. ovale, and 7 days to 30 days for P. malariae. With some strains of P. vivax, there may be a protracted incubation period of 8 to 10 months. With infection by blood transfusion, incubation is usually short, but varies with the number of parasites in the transfused blood.
b) Control of Case.
1) Universal precautions, disease specific precautions (see Section 690.1010(a)(2)) or equivalent isolation procedures (see Section 690.1010(a)(13~~16~~)) are required for the duration of the illness. Patients should be in mosquito-proof areas at night.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.
c) Control of Contacts. There are no restrictions on contacts. If a history of needle-sharing is obtained from the case, all persons who share the equipment should be investigated and treated.
d) General Measures.
1) Known effective measures against anopheline mosquitoes should be employed.
2) Sleeping and living quarters should be screened; mosquito nets and repellents should be used when applicable.
3) The public should be educated as to the mode of transmission and methods of prevention of malaria.
4) Appropriate chemoprophylaxis should be prescribed for all travelers to malarious areas.
5) Blood donors should be questioned as to history of malaria or possible exposure to the disease.
e) Laboratory Reporting.

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1) Laboratories are required to report to the local health authority patients from whom Plasmodium species have been identified or for whom polymerase chain reaction is positive.
2) Laboratories are required to forward to the Department's laboratory slides of blood specimens found to contain malaria parasites for speciation.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 690.520 Measles **(Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - About 10 days, varying from 8 to 13 days, exposure to onset of fever; about 14 days until rash appears; uncommonly longer or shorter. Late measles immune serum globulin inoculation in attempted passive protection may extend incubation to 21 days.
b) Control of Case.
   1) Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or Section 690.1010(a)(13~~+~~6)) is required in hospitalized patients from diagnosis until 4 days after appearance of rash. Children with measles should be kept out of school for at least 4 days after appearance of the rash.
   2) Concurrent disinfection is required of all articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)
c) Control of Contacts. Passive immunization in the form of immune serum globulin, 0.1 cc. per lb. of body weight, should be considered for all unimmunized susceptible close contacts to cases, especially infants under 1 year of age. When gamma globulin is used, it should be followed by active immunization as soon as possible (6-8 weeks). Live-virus vaccine, if given within 72 hours after exposure, may provide protection.
d) Measles Outbreak Control.
   1) Personnel in each attendance center responsible for investigating absenteeism must report suspected cases of measles to the school principal or the school nurse immediately.
   2) On the same day that a report of a suspected case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school.
   3) A telephone report must be made by the school officials within 24 hours to the local health authority, either a full-time official health department as recognized by the Department or regional office of the Department specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The State or local health department must be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.
   4) A notice must be sent home with each student who has not presented proof of immunity explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:
      A) a written record from the student's physician or a health professional which indicates dates of vaccination and type of vaccine administered; or
      B) a statement from a physician indicating date when student had measles; or
      C) a laboratory report indicating the student has a protective measles antibody titer as measured by a test with demonstrable reliability.



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e) General Measures. ~~Active immunization should be given as soon as possible after 12 months of age, with a second dose given after 30 days or prior to admission to any school or group care setting. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months old. When vaccine is given prior to the age of 12 months, a second dose must be given after 12 months of age and a third dose at school age.~~
   1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen measles vaccine may be given after 12 months of age. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months of age. When vaccine is given prior to the first birthday, a second dose must be given on or after the first birthday, and a third dose at least 28 days later and prior to school entry (4-6 years of age).
   2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
   3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).
   4) Persons entering a college or university must be vaccinated against measles in accordance with the immunization requirements

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as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).

5) Adults should be vaccinated against measles in accordance with the most recent recommendations of ACIP.

f) Laboratory Reporting. Laboratories are required to report positive IgM (measles specific) serologies, or a significant rise to IgG (measles specific), or measles virus isolates.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period Varies with the specific infectious agent.
b) Control of Case.
1) Enteric precautions (Section 690.1010(a)(1)) or equivalent isolation procedures (Section 690.1010(a)(13~~+~~6)) are indicated for 7 days after onset of illness unless a non-enteroviral diagnosis is established.
2) Concurrent disinfection is required of eating and drinking utensils and articles soiled by excretions and secretions of patient. (See Section 690.1000(e)(1).)
c) Control of Contacts. There are no restrictions for contacts.
d) General Measures.
1) During summer months, cases should have acute and convalescent serum specimens collected and tested for arbovirus antibodies. Cerebrospinal fluid should also be submitted to the State laboratory for arboviral and enteroviral studies.
2) An environmental investigation should be performed by the local health authority at sites of possible mosquito exposure of a case of California encephalitis to eliminate mosquito breeding sites, such as discarded tires.
3) Persons should be encouraged to use proper hand washing procedures.
e) Laboratory Reporting.
1) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.
2) Laboratories are required to submit virus isolates from meningitis patients to the Department's laboratory for typing.
3) Laboratories are required to report persons with suspected meningitis who also have pleocytosis of the cerebrospinal fluid, even in the absence of a positive culture. Local health authorities will then investigate to determine if the case



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represents a reportable form of meningitis or if additional specimens need to be collected to determine if the case may be an arboviral infection.

4) Between June 15 and October 31 laboratories are required to forward CSF specimens from patients with aseptic meningitis for arboviral testing and enterovirus culture.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority for all reportable meningitis cases.

AGENCY NOTE: Laboratory efforts to identify the etiologic agent should be made.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.550 Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - 12 to 26 days, commonly 18 days.
b) Control of Case.
1) Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(13~~+~~6)) and a private room are required for 9 days after salivary gland involvement. Exclusion from school or workplace is required until 9 days after salivary gland involvement, if susceptible contacts (those not immunized) are present.
2) Concurrent disinfection is required of eating and drinking utensils and of articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)
c) Control of Contacts. Susceptible contacts should be excluded from school or the workplace from the 12th through the 25th day after exposure if other susceptible persons are present in those settings.
d) General Measures. ~~Active--immunization--should--be-given-as-soon-as possible-after-12-months-of--age--and--may--be--given--as--part--of--a measles-mumps-rubella-(MMR)-combined-vaccine.~~
1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen mumps may be given after 12 months of age.
2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against mumps in

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accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Persons entering a college or university must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694.)

5) Adults should be vaccinated against mumps in accordance with the most recent recommendations of ACIP.

e) Laboratory Reporting. Laboratories are required to report positive IgM (mumps specific) serologies, or a significant rise to IgG (mumps specific), or mumps virus isolates.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.555 Neisseria meningitidis ~~Meningitidis~~, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - Varies from 2 to 10 days, commonly 3 to 4 days.

b) Control of Case.

1) Respiratory isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (Section 690.1010(a)(13~~1~~6)) is required until 24 hours after start of chemotherapy.

2) Concurrent disinfection of secretions of nose and throat is required and of articles contaminated with secretions of nose or throat. (See Section 690.1000(e)(1).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.

1) There are no restrictions on contacts.

2) Close clinical observation is the single most effective protective measure. Daycare contacts to cases should be given chemoprophylaxis. Household contacts and people close enough to have had an exposure to the ill person's respiratory tract secretions should be given appropriate chemoprophylaxis. Healthcare workers should be given chemoprophylaxis only if they have had prolonged, direct contact with oral secretions (i.e., unprotected mouth-to-mouth resuscitation or inadvertent spray onto mucous membranes.) Selective chemoprophylaxis may be desirable in other situations; the choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety. Local health authorities can be consulted about chemoprophylaxis recommendations.

d) General Measures.

1) Overcrowding should be prevented in living quarters, working



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quarters, and public conveyances, especially barracks, camps and ships.

2) The public should be educated about the need to reduce direct contact and exposure to droplets of respiratory tract secretions and to properly dispose of articles contaminated with nose or throat secretions.

3) Vaccination should be considered in selected outbreaks following guidelines in "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks" (see Section 690.1010(a)(8~~1~~1)).

4) Vaccination recommendations for college students are specified in the document "Prevention and Control of Meningococcal Disease and Meningococcal Disease and College Students" (see Section 690.1010(a)(15)).

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority each patient from whom Neisseria meningitidis has been isolated from a normally sterile site and patients with a positive antigen test from cerebrospinal fluid.

2) Persons with physician diagnosed purpura fulminans shall also be reported to the local health authority.

3) Laboratories are required to submit Neisseria meningitidis isolates to the Department's laboratory for serogrouping~~, unless the submitting laboratory has performed serogrouping on the organism~~.

f) Reporting of cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.570 Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)**

a) Incubation Period - From 1 ~~2~~ to 7 6 days in bubonic plague, 1 to 4 6 days in pneumonic plague; may be shorter, rarely longer.

b) Control of Case.

~~1~~) Isolation is required. Hospitalize all patients. Cases and their clothing should be treated to get rid of fleas.

1~~A~~) For patients with bubonic plague who have no cough and have a normal chest x-ray, drainage/secretion precautions or equivalent isolation procedures or disease-specific precautions are required for 48 hours after start of chemotherapy. (See Section 690.1010(a)(1) or ~~Section 690.1010~~(a)(13~~1~~6).)

2~~B~~) For patients with pneumonic plague, strict isolation with precautions against airborne spread or an equivalent isolation

procedure is required until 48 hours of chemotherapy have been completed and the patient has a favorable clinical response. (See Section 690.1010(a)(1) or ~~Section 690.1010~~(a)(13~~16~~).)

3~~C~~) Concurrent disinfection of sputum, purulent discharge and articles soiled with either of these substances is required. (See Section 690.1000(e)(1).)

4~~D~~) Terminal cleaning is required. (See Section 690.1000(e)(2).)

5~~E~~) Bodies of persons who have died with plague shall be handled with strict aseptic precautions. (See Section 690.1200.)

c) Control of Contacts.

1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance for 7 days with close observation for developing illness. For contacts who refuse chemoprophylaxis, strict isolation is required for 7 days.

2) Contacts to bubonic plague shall be disinfected with an appropriate insecticide and kept under surveillance for 7 days. Contacts to bubonic plague should be offered chemoprophylaxis.

d) General Measures.

1) Intensive flea control, followed by extermination of rats by poisoning and trapping and ratproofing in urban areas. Surveys and inspection in rural areas to detect sylvatic plague. Rodent control should be emphasized.

2) Active immunization with killed vaccine of travelers or workers in known infected areas - repeated in 6 months if remaining in the area. Immunization alone must not be relied on while neglecting measures to control rats and fleas. Immunization upon arrival in infected country may be recommended.

3) Hunters should be cautious of being bitten by insects (particularly fleas) on rabbits and other rodents which they may handle.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority patients from whom Yersinia pestis is cultured or patients with a positive antibody test.

2) Laboratories are required to submit Yersinia pestis isolates to the Department's laboratory.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)**

~~a) Confirm etiologic agent by submitting fecal specimens for virus isolation, and acute and convalescent phase serum specimens to a laboratory acceptable to the Department as soon as possible.~~



a~~b~~) Incubation Period - Commonly 7 to 12 days, with a range from 3 to 21 days.

b~~c~~) Control of Case.

1) Isolation at home is of little value because spread of infection is greatest in the prodromal period. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled "CDC Guideline for Isolation Precautions in Hospitals" (see Section 690.1010(a)(1)).

2) Concurrent disinfection is required of throat discharges, feces and articles soiled therewith. Where sewage disposal systems are adequate, feces and urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

c~~d~~) Control of Contacts.

1) No restrictions. Keep susceptible persons ~~children~~ who are contacts under surveillance for 2 ~~two~~ weeks from date of last exposure.

2) Immunization of familial and other close contacts who have not previously been adequately immunized with polio vaccine is indicated, even though the susceptible contacts in these groups have probably been infected by the time the disease is recognized. Children with limited exposure, such as exposure at school or to a neighbor, should be offered polio vaccine if they have not previously received a complete course.

d~~e~~) General Measures.

1) Polio vaccine is recommended in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). ~~Immunization with polio vaccine should be performed as soon as possible after the age of two months. Children should be fully immunized prior to admission to any school or group care setting.~~

~~2) See "General Recommendations on Immunizations" from the Centers for Disease Control and Prevention (CDC) (see Section 690.1010(a)(4)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.~~

2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against poliomyelitis in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).

3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against poliomyelitis in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

4) Susceptible adults who are at high risk of exposure to poliomyelitis should be vaccinated in accordance with the most

recent recommendations of ACIP.

e) Laboratory Reporting.

1) Confirm etiologic agent by submitting fecal specimens for virus isolation, and acute and convalescent phase serum specimens to a laboratory acceptable to the Department as soon as possible.

2) Laboratories are required to report positive polio virus isolates.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.600 Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - Usually 2 to 8 weeks, occasionally shorter or much longer; depends on extent of laceration, site of wound in relation to richness of nerve supply and distance from brain, amount of virus introduced, protection provided by clothing, and other factors.

b) Control of Case.

~~1) Immediate transfer to a specialized hospital and consultation may be lifesaving.~~

12) Universal precautions, contact isolation, or disease-specific precautions for respiratory secretions are required for duration of illness. A private room is required. (See Section 690.1010(a)(1).)

23) Concurrent disinfection is required of saliva and articles soiled therewith. Immediate attendants must be provided with impervious gloves and protective gowns to avoid inoculation with patient's saliva. (See Section 690.1000(e)(1).)

34) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts. Contacts who have open wound or mucous membrane exposure to the case's saliva shall be offered rabies prophylaxis.

d) General Measures. See Section 690.601 (Rabies, Potential Human Exposure).

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.601 Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)**

a) Reporting. Definition of exposed person to be reported:

1) Any contact (bite or non-bite) to a bat; or

2) Any contact (bite or non-bite) to an animal that subsequently tests positive for rabies virus infection; or



3) Anyone who was started on rabies post-exposure prophylaxis; or

4) Exposure to saliva from a bite, or contact of any abrasion or mucus membrane with brain tissue or cerebrospinal fluid of any suspect rabid animal. Exposure to healthy rabbits, small rodents, indoor-only pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with subsections (a)(1) through (a)(3) above, or the animal displays signs consistent with rabies.

b) Investigations. All known instances of potential rabies exposure should be investigated promptly by the local health authority to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.

c) Rationale of rabies post-exposure prophylaxis. Rabies post-exposure prophylaxis is discussed more fully in an Advisory Committee on Immunization Practices document incorporated in this Part (see Section 690.1010(a)(610)). Every exposure to a potentially rabid animal must be individually evaluated. The following factors should be considered:

1) Species of biting animal - carnivorous wild animals (especially skunks, foxes, coyotes, raccoons) and bats are more likely to be infected than other animals. A dog, cat or ferret that is current on its rabies vaccinations has only a minimal chance of developing rabies and transmitting the virus. Bites of rabbits, squirrels, chipmunks, rats, and mice seldom, if ever, call for rabies prophylaxis. Individuals exposed to birds, fish, amphibians or reptiles never require rabies post-exposure prophylaxis.

2) Circumstances of biting incident - an unprovoked attack by a dog or cat is more likely to indicate a rabies exposure. Bites during attempts to feed or handle an apparently healthy dog or cat should generally be regarded as provoked.

3) Type of exposure - rabies is transmitted by inoculation of infectious saliva or cerebrospinal fluid through the skin or mucus membranes. Bites from some species, such as bats, may go undetected due to small teeth size. Therefore, exposure of a sleeping person, or a person who is unable to describe an exposure to a bat, require that the exposed person be recommended for rabies post-exposure prophylaxis.

4) Presence of rabies in terrestrial wild mammals in an area. If rabies virus is circulating in terrestrial wild mammals (as evidenced by animal rabies testing results) in a given area, the likelihood of rabies in unvaccinated domestic animals is increased and rabies post-exposure prophylaxis may be recommended.

d) Control of biting animals. See the Illinois Animal Control Act [510 ILCS 5].

e) General Measures.

1) The public should be educated to avoid contact with wild,

unfamiliar or stray animals, but if they do have exposure, they should seek medical attention;

2) The prompt reporting of animal bites to an animal control agency is important;

3) Animals should be vaccinated in accordance with local and State ordinances and laws;

4) The local health and local animal control authorities should closely cooperate on animal bite issues.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required by the local health authority for all potential exposures.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.610 Rocky Mountain Spotted Fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - From 3 to 14 days.
b) Control of Case.
   1) Isolation is not required.
   2) Destruction of all ticks on patients.
c) Control of Contacts. There are no restrictions for contacts.
d) General Measures.
   1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education incudes instruction in removal of ticks from domestic and farm animals. ~~Tick-infested-areas-should-be-avoided;--ticks-should-be-removed-from-the-body-promptly-avoiding-crushing;--hands-should-be-protected-when-removing-ticks-from-animals;--tick-repellents-should-be-used.~~
   2) The local health authority should investigate cases to determine the location of tick exposure (3 to 14 days prior to onset of symptoms). The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat. ~~For-tick-infested-livestock--and--pets,--consult--a-veterinarian-on-tick-control-products.~~
   3) Persons becoming ill within 2 ~~two~~ weeks after a tick bite should report the bite immediately to a physician.
   4) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients with significant (each laboratory will determine criteria for significance) positive antibody test results showing evidence of infection with Rickettsia rickettsii, positive polymerase chain reaction, positive immunofluorescence or isolation of the organism.



f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - From 14 to 21 days; usually 18 days.
b) Control of Case.
   1) Isolation is not required unless hospitalized. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled CDC Guideline for Isolation Precautions in Hospitals (see Section 690.1010(a)(1)).
   2) Infants with congenital rubella syndrome may shed virus for months.
   3) Rubella cases should be insolated from pregnant females.
   4) Exclude from school or workplace for 7 days after rash onset.
c) Control of Contacts. No restrictions.
d) General Measures.
   1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen rubella or mumps/rubella vaccine may be given after 12 months of age.
   2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
   3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).
   4) Persons entering a college or university must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).
   5) Adults should be vaccinated against rubella in accordance with the most recent recommendations of ACIP.
   ~~2) See--"General--Recommendations--on--Immunization"--from--CDC-(see Section--690.1010(a)(4)),---reprinted---in---"Who---Needs---Them?~~

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e) Laboratory Reporting.
Laboratories are required to report positive IgM (rubella specific) serologies, or a significant rise to IgG (rubella specific), or rubella virus isolates.

f) Reporting of Cases.
An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - 6 to 72 hours, usually about 12 to 36 hours.
b) Control of Case.
1) Enteric precautions, disease-specific precautions, or equivalent isolation procedures are required for hospitalized patients until absence of fever and diarrhea. (See Section 690.1010(a)(1) and (a)(13~~6~~).)
2) Cases who are food handlers or work in sensitive occupations shall not return to their usual occupation until 2 consecutive specimens (release specimens) of feces taken not less than 24 hours apart are tested and found to be negative. Health care workers who have diarrhea are restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, are not required to be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. Specimens must be submitted to a laboratory acceptable to the Department. If an antimicrobial agent has been given, release specimens must be collected at least 48 hours after treatment was discontinued.
3) Concurrent disinfection of body discharges is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)
4) Terminal cleaning is required. (See Section 690.1000(e)(2).)
c) Control of Contacts.
1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.
A) There are no automatic restrictions from working for



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contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of salmonellosis during the previous 4 weeks.
B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.
C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Salmonella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.
2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.
A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.
B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to cease their occupations but must submit release specimens as described in subsection (b)(2) of this Section.
C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks of notification. This occupational restriction will terminate when specimens are submitted.
D) If either of the 2 release specimens referenced in subsection (c)(2)(A) or (c)(2)(B) is positive for Salmonella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.
d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~).~~)
e) General Measures.
1) The public should be educated to thoroughly cook all foods derived from animal sources, particularly egg products, meat, poultry or pork dishes.
2) Pasteurized egg products should be used when preparing foods that require use of raw eggs or foods in which eggs would be pooled before cooking.
3) All food handlers should be instructed and supervised in hand washing.
4) The public should be educated about the risk of Salmonella from pets such as reptiles, chicks or ducklings. These types of pets

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should be avoided by families with young children and by immunocompromised persons.

5) Irradiation of meat may decrease the risk of Salmonella.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

1) Laboratories are required to report to the local health authority patients from whom Salmonella has been isolated.

2) Laboratories are required to submit Salmonella isolates to the Department's laboratory for serotyping.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority. If more than one case is identified in a household, completion of the morbidity card is all that is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Incubation Period - 12 hours to 7 days, usually one to 3 days.

b) Control of Case.

1) Enteric precautions, disease-specific precautions, or equivalent isolation procedures (see Section 690.1010(a)(1) or (a)(13~~16~~)) are required for patients in health care facilities until two negative fecal cultures are obtained.

2) Cases who are food handlers or work in sensitive occupations shall not return to their usual occupations until 2 consecutive specimens of feces, taken not less than 24 hours apart, are found to be negative. Health care workers with diarrhea shall be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or an equivalent isolation procedure and who do not have diarrhea shall not be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. If an antimicrobial agent has been given, the specimens must be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen must arrive at the Department's laboratory or a laboratory acceptable to the Department within 72 hours.



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Because of the fragility of the Shigella organism, specimens submitted using other transport media must arrive in a laboratory of the Department or in a laboratory acceptable to the Department within 6 hours after passage.

3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of shigellosis during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.

C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, shall not be restricted from their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in subsection (c)(2)(A) or (c)((2)(B) is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)

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e) General Measures.
   1) Protection and purification of public water supplies.
   2) Supervision of hygienic practices, especially hand washing, of food handlers and young children.
   3) Sanitary disposal of human excreta.
   4) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
f) Laboratory Reporting.
   1) Laboratories are required to report to the local health authority patients from whom Shigella has been isolated.
   2) Laboratories are required to submit Shigella isolates to the Department's laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing such as pulse field gel electrophoresis is considered necessary.
g) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.650 Smallpox (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)**

a) Incubation Period - From 7 to 17 days; commonly 10 to 12 days to onset of illness and 2 to 4 days more to onset of rash.
b) Control of Case. In hospitals, strict isolation shall be used until disappearance of all scabs. (See Section 690.1010(a)(1).) ~~Cases--will be--isolated--and--investigated-according-to-the-provisions-of-Section 690.100(d).~~
c) Control of Contacts. Contacts to cases may be quarantined as specified in Section 690.1000(b).
de) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)
ed) Reporting of Cases. A narrative report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.660 Staphylococcus aureus ~~Aureus~~ Infections Occurring In Infants Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**



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a) Incubation Period - Commonly 4 to 10 days, but disease may not occur until several months after colonization.
b) Control of Case.
   1) Contact isolation, disease-specific precautions, universal precautions or equivalent isolation procedures are required for hospitalized patients (see Section 690.1010(a)(1) or 690.1010(a)(13~~6~~).)
   2) Patients outside of a health care institution do not require special handling.
   3) Concurrent disinfection of articles contaminated by infectious discharges is required. (See Section 690.1000(e)(1).)
   4) Terminal cleaning is required. (See Section 690.1000(e)(2).)
   5) If within two weeks after diagnosis additional cases associated in place and time are identified, nursery personnel who provided care for affected infants should be screened and treated if positive.
c) Control of Contacts. Hospital personnel with minor lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery.
d) General Measures. Strict adherence to hand washing of hospital nursery staff before contact with each infant is required.
e) Laboratory Reporting. Laboratories are required to report to the local health authority all infants less than 28 days of age from whom a clinically significant Staphylococcus aureus is isolated.
f) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.661 Staphylococcus aureus ~~Aureus~~ Infections with Intermediate or High Level Resistance to Vancomycin (Reportable by telephone, within 24 hours)**

a) Control of Case. Specific recommendations will be issued on a case-by-case basis.
b) General Measures. The document entitled "Recommendations for Preventing the Spread of Vancomycin Resistance" should be followed. (See Section 690.1010(a)(16).)
cb) Laboratory Reporting.
   1) Laboratories are required to report to the local health authority patients from whom intermediate or high level vancomycin-resistant Staphylococcus aureus has been isolated.
   2) Isolates defined by hospital or commercial laboratories as vancomycin-resistant Staphylococcus aureus shall be forwarded to the Department's laboratory for confirmation (minimum inhibitory concentrations greater ~~less~~ than or equal to 4).
c) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the

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local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Toxic Shock Syndrome) and Sequelae to Group A Streptococcal Infections (rheumatic fever and, acute glomerulonephritis ~~and scarlet fever~~) (Reportable by telephone, within 24 hours)**

a) Incubation Period - Short, usually 1 to 3 days; rarely longer.
b) Control of Case.
   1) Drainage/secretion precautions, universal precautions, disease-specific precautions or equivalent isolation procedures are required, but may be terminated after 24 hours' treatment with penicillin or other appropriate antibiotics, provided treatment is continued for a minimum of 10 days to prevent rheumatic fever. (See Section 690.1010(a)(1) or (a)(13~~6~~).)
   2) Concurrent disinfection is required of nose and throat secretions and all purulent discharges and articles soiled with these discharges. (See Section 690.1000(e)(1).)
   3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
   4) The local health authority should be consulted regarding any identified cluster of cases, particularly in closed settings, such as a nursing home, for additional recommendations.
c) Control of Contacts.
   1) There are no restrictions for contacts. Pharyngeal culture of symptomatic contacts. Under certain conditions pharyngeal cultures of asymptomatic individuals may be recommended.
   2) The local health department should be consulted on cases of fatal invasive Group A streptococcus, necrotizing fasciitis or toxic shock syndrome on a case-by-case basis for additional precautions.
d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)
e) General Measures. Educate the public about transmission.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.
g) Laboratory Reporting. All isolates of Streptococcus pyogenes from a sterile site are required to ~~should~~ be forwarded to the Department's laboratory.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days)**



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a) Control of Case.
   1) No special precautions.
   2) If multiple cases occur in a nursery, cohorting of infected infants separately from non-infected infants can be helpful.
b) Control of Contacts. No control measures indicated.
c) General Measures. Each hospital or primary medical provider should utilize a prevention strategy as outlined in "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective" (see Section 690.1010(a)(10~~14~~)).
d) Laboratory Reporting. Laboratories are required to report to the local health authority all patients under 3 months of age with Streptococcus agalactiae isolated from a normally sterile site.
e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.678 Streptococcus pneumoniae ~~Pneumoniae~~, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - Not well determined, may be as short as 1 to 3 days.
b) Control of Case.
   1) In hospitals, standard precautions or equivalent isolation procedures should be used for patients (see Section 690.1010(a)(13~~6~~)).
   2) Concurrent disinfection of discharges from nose or throat of pneumonia cases (see Section 690.1000(e)(1)).
   3) Terminal cleaning is required (see Section 690.1000(e)(2)).
c) Control of Contacts.
   1) No restrictions.
   2) In outbreaks in institutions or other closed population groups, immunization should be carried out unless the serotype causing the disease is not included in the vaccine.
d) General Measures.
   1) Avoid crowding, especially in institutions, barracks and ships.
   2) Immunization of high risk individuals is recommended according to "Preventing Pneumococcal Disease Among Infants and Young Children" (Section 690.1010(a)(11)) and "Prevention of Pneumococcal Disease" (Section 690.1010(a)(12)). ~~"Pneumococcal Polysaccharide Vaccine" (Section 690.1010(a)(15)).~~
e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Streptococcus pneumoniae has been isolated from a normally sterile site. The antibiotic resistance pattern and test method shall also be reported.

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f) Reporting of Cases. Only invasive cases (patients in which the organism was isolated from a normally sterile site) should be reported. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - Commonly 4 days to 3 weeks, dependent on character, extent and location of wound; average 10 days. Most cases occur within 14 days, but may be longer.
b) Control of Case. No restrictions.
c) Control of Contacts. No restrictions.
d) General Measures.
1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry. ~~Active immunization--with--tetanus--toxoid-is-recommended-for-infants-as soon-as-possible-after-2-months-of-age.--The-product-of-choice-is dependent--upon--the--age---of---the---patient.----See---"General Recommendations---on---Immunization"---from---CDC---(see--Section 690.1010(a)(4)),-reprinted--in--"Who--Needs--Them?---Everybody!", Circular-No.-1005.1,-Illinois-Department-of-Public-Health.~~
2) Children one year of age and older enrolled in child care facilities must be vaccinated against diphtheria in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against diphtheria in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).
4) Persons 7 years of age or older should be given tetanus-diphtheria combined toxoid (Td) either as a primary immunizing agent for tetanus or as a booster for diphtheria and tetanus.
5) Routine booster doses of tetanus-diphtheria combined toxoid (Td) should be given every 10 years.



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6) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid according to the most recent recommendations of ACIP. ~~"Diphtheria,-----Tetanus----and Pertussis:--Recommendations-for-Vaccine-Use-and-Other--Preventive Measures"-(see-Section-690.1010(a)(12)).~~

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.695 Staphylococcus aureus ~~Aureus~~ Infection, Toxic Shock Syndrome (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)**

a) Control of Case.
1) Isolation - Drainage/secretion precautions or disease- specific precautions are required for vaginal discharge and pus during the duration of illness (see Section 690.1010(a)(1)).
2) Concurrent disinfection of purulent discharges and articles soiled with these discharges is required (see Section 690.1000(e)(1)).
3) Terminal cleaning is required (see Section 690.1000(e)(2)).
b) Control of Contacts - None.
c) General Measures. Cases must be investigated to determine risk factors associated with disease.
d) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.725 Tularemia (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)**

a) Incubation Period - 1 day ~~2~~ to 14 ~~10~~ days, usually 3 days to 5 days.
b) Control of Case.
1) Drainage/secretion precautions or disease-specific procedures for drainage from open lesions is required. (See Section 690.1010(a)(1).)
2) Concurrent disinfection of drainage from open lesions and conjunctivae, and articles contaminated with drainage is required. (See Section 690.1000(e)(1).)
3) Terminal cleaning is not required.
c) Control of Contacts. There are no restrictions for contacts.
d) General Measures.

1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.
2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.
3) The local health authority should investigate cases to determine the location of tick exposure (1-14 days prior to onset of symptoms).
4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.
5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.
6~~1~~) The public should be educated to use impervious gloves when skinning or handling animals, especially rabbits.
7~~2~~) The meat of wild rabbits and rodents should be thoroughly cooked before ingestion.
8~~3~~) The public should be educated to avoid bites of ~~by~~ flies and~~,~~ mosquitoes in addition to ~~and~~ ticks ~~and to avoid handling ticks with bare hands~~.
9~~4~~) The public should be educated about the hazards of swimming in streams and ponds in areas where wild animal infection is known.

e) Laboratory Reporting.
1) Laboratories are required to report to the local health authority patients from whom Francisella tularensis has been cultured and patients with significant (criteria for significance should be determined by each laboratory) serologic test result for tularemia.
2) Isolates are required to be forwarded to the Department's laboratory.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - Dependent on size of infecting dose; usual range 8 days ~~1~~ to 14 days ~~3 weeks~~.
b) Control of Case.
1) Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(13~~16~~)) are required during the acute illness. If the



patient is not in a licensed hospital, conditions must be approved by the local health authority. After termination of the acute illness (absence of fever), cases may resume their usual activities after receiving education on transmission of the bacterium that causes typhoid fever from the local health authority, but shall not return to day care centers or to food handling or sensitive occupations until released according to subsection (b)(4) of this Section.
2) Concurrent disinfection of feces and urine and articles soiled by these excreta is required until the case is released by the local health authority. In communities with municipal sewage disposal systems, feces and urine may be discharged into sewers without preliminary disinfection. (See Section 690.1000(e)(1).) Hand washing after defecation is required.
3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
4) The case will be released from enteric precautions when 3 consecutive specimens of feces ~~and urine~~, taken not less than 24 hours apart and preferably 30 days after onset, are negative for Salmonella typhi. The first release specimen shall be taken not less than 48 hours after completion of any antimicrobial agent. Each release specimen must be examined in a laboratory of the Department or in a laboratory acceptable to the Department within 48 hours after collection. Specimens of feces must show evidence of growth of normal flora. Health care workers with diarrhea will be restricted from their occupaticns until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, shall not be restricted from their occupations, but must submit release specimens as described. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.
5) If any of the 3 release specimens from the case are positive and the patient is asymptomatic, the case shall be classified as a convalescent carrier providing the specimen was collected within 12 months following onset of symptoms.
6) If cases do not submit 3 consecutive negative specimens within 12 months following onset of illness according to this subsection (b), they will be classified as chronic carriers.

c) Control of Carriers.
1) A chronic carrier is defined as:
A) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months~~;~~, or
B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of

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typhoid fever; or

C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or

D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 negative specimens of feces ~~and urine~~ as described in subsection (b)(4) of this Section.

2) A convalescent carrier is defined as:

A) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or

B) A person who is culture-positive for typhoid bacilli, as described above, and who has a history of acute typhoid within the previous 12 months.

3) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions placed on chronic typhoid carriers (see subsection (c)(7) of this Section). The local health authority shall visit the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every 6 ~~six~~ months.

4) A person found to be a convalescent typhoid carrier may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions on convalescent typhoid carriers (see subsection (c)(6) of this Section).

5) When a typhoid carrier (chronic or convalescent) requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A nurse, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific for each carrier will be



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developed.

6) A convalescent carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces ~~and urine~~ at intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens must conform to subsection (b)(4) of this Section.

7) A chronic carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces ~~and urine~~ collected not less than 30 days apart. Each specimen must be authenticated and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens may not be taken within 48 hours after treatment with an antimicrobial agent, regardless of the reason for which the medication was prescribed. Testing and transport of specimens must conform to subsection (b)(4) of this Section.

d) Control of Contacts to a Case.

1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms are required to abide by the following.

A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.

B) Travel companions of such cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.

C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.

D) When testing is required in this subsection (d)(1), 2 specimens of feces ~~and urine~~ shall be collected not less than 24 ~~48~~ hours apart. Other aspects of specimen collection, transport and testing shall conform with subsection (b)(4) of this Section.

E) If persons required to be tested according to this subsection (d)(1) refuse to comply within 2 weeks after notification of this testing requirement, they will be restricted from their occupation, school attendance or day care attendance until compliance is achieved.

2) In tour groups to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (d)(1)(B) through (E) of this Section).

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3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.
   A) Contacts must submit 2 consecutive negative specimens of feces ~~and--urine~~, but need not curtail their usual activities, except they may not be employed in food handling or in sensitive occupations (see Section 690.900) or attend group day care (child or adult) until testing is completed.
   B) Collecting, testing and transport of specimens must comply with subsection (b)(4) of this Section.
   C) If persons required to be tested according to this subsection refuse to comply within 2 weeks after notification, they will be restricted from their occupations or school attendance until compliance is achieved.

e) Control of Contacts to a Carrier. All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit 2 consecutive negative specimens of feces ~~and-urine~~ collected, tested and transported according to subsection (b)(4) of this Section. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection refuse to comply with this testing requirement within 2 weeks after notification, they will be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.

f) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)

g) General Measures.
   1) Travelers to developing countries should be educated about safe food and beverage ingestion.
   2) Immunization against typhoid is advised for international travelers to endemic areas, especially if travel is likely to involve exposure to unsafe food or water.
   3) Protection and purification of public water supplies; construction of safe private water supplies.
   4) Sanitary disposal of human excreta.
   5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

h) Laboratory Reporting.
   1) Laboratories are required to report to the local health authority patients from whom Salmonella typhi has been isolated.
   2) Laboratories are required to submit isolates to the Department's laboratory for verification of results.



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i) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)**

a) Incubation Period - Commonly 7 days, almost uniformly within 10 days, and not exceeding 21 days.
b) Control of Case.
   1) Respiratory isolation is required for known cases until the patient has received at least 5 days of a minimum 14-day course of an antimicrobial agent. The contagion usually disappears within 3 weeks after the onset of the paroxysmal cough, even if paroxysmal cough continues. The patient should be kept out of contact with susceptible unimmunized children.
   2) Concurrent disinfection of discharges from nose and throat and articles soiled by them (see Section 690.1000(e)(1)).
   3) Terminal cleaning is required (see Section 690.1000(e)(2)).
c) Control of Contacts.
   Inadequately immunized household contacts under 7 years of age should be excluded from schools, daycare, and public gatherings for 14 days after last exposure or until the cases and contacts have received at least 5 days of a minimum 14-day course of an appropriate antimicrobial agent.
d) General Measures. ~~Active-immunization-is-recommended-for-all-children as-soon-as-possible-after-the-age-of-2-months.---Immunization--against pertussis--is--contraindicated-in-all-children-aged-6-years-and-older. See-"General-Recommendations-on-Immunizations"-from-CDC--(see--Section 690.1010(a)(6));--reprinted-in-"Who-Needs-Them?--Everybody!",-Circular No.-1005.1,-Illinois-Department-of-Public-Health.~~
   1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.
   2) Children one year of age and older enrolled in child care facilities must be vaccinated against pertussis in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).
   3) Children entering school operated programs below the kindergarten

level and school (K-12) must be vaccinated against pertussis in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).

e) Laboratory Reporting. Laboratories are required to report all isolates of Bordetella pertussis, positive DFA's and positive PCR's for pertussis. Laboratories should send all isolates for B. pertussis to the Department for Pulse-Field gel electrophoresis (PFGE) testing.

f) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)**

a) Incubation Period - 3 days to 7 days.
b) Control of Case.
   1) Enteric precautions, disease specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(13~~+~~6)) are required for hospitalized patients. Cases with diarrhea shall not attend a daycare center or other group settings until no diarrhea for 24 hours.
   2) Cases who are employed as food handlers or in sensitive occupations (such as patient care or daycare) should be excluded from work until absence of diarrhea for at least 24 hours.
   3) Concurrent disinfection of feces (see Section 690.1000(e)).
c) Control of Contacts. No search for unrecognized cases is needed unless a common-source exposure is suspected.
d) Sale of Food, Milk, etc. (See ~~see~~ Section 690.1000(f)~~.~~.)
e) General Measures.
   1) Foods should be prepared in a sanitary manner; eating raw or undercooked pork should be avoided; pasteurized milk only should be consumed; meat irradiation should be considered.
   2) Hands should be washed prior to handling and eating food, after handling raw pork and after contact with animal feces.
   3) Water supplies should be protected from any fecal contamination; appropriate water treatment should be done.
   4) Rodents and birds in areas where food is stored, prepared, served and consumed should be controlled.
   5) Disposal of animal feces should be done in a sanitary manner.
   6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Yersinia enterocolitica or



Y. pseudotuberculosis has been isolated.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)**

a) Control of Cases and Contacts. Control measures will be instituted on a case-by-case basis.
b) Reporting of Threat or Event. A narrative report is required to be submitted to the Department by the local health authority on all bioterrorist threats or events.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

SUBPART D: DEFINITIONS

**Section 690.900 Definition of Terms**

For the purpose of this Part, the following shall be the accepted definitions of the terms used herein.

"Authenticated Fecal Specimen" - A specimen is considered to be authenticated when a public health authority or a person authorized by a public health authority has observed one or more of the following:

The patient produce the specimen.

Conditions such that none other than the case, carrier or contact could be the source of the specimen.

"Carrier" - A person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

"Case" - Any person having a recent illness due to a communicable disease.

"Contact" - Any person known to have been associated sufficiently with a case or carrier of a communicable disease to have been the source of infection for that person, ~~or~~ to have become infected by the case or carrier, or to have been exposed to the source for a diagnosed case

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and developed compatible symptoms.

"Daycare" - A center or private home open on a regular basis where children are enrolled for care and education, or where care is provided as a drop-in facility for any number of children.

"Department" - Illinois Department of Public Health.

"Diarrhea" - The presence of 3 or more loose stools within a 24-hour period.

"Disinfection" - The process of rendering pathogenic micro-organisms non-viable by chemical or physical means.

Concurrent disinfection - the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to their disinfection.

Terminal cleaning - the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others at a time when the patient is no longer a source of infection.

"Disinfestation" - Any physical or chemical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or in the environment of an individual, or on domestic animals.

"Endemic" - The constant presence of a disease or infectious agent within a given geographic area; may also refer to the usual prevalence of a given disease within such area.

"Epidemic" - The occurrence in a community or region of cases of an illness (or an outbreak) clearly in excess of expectancy.

"Food Handler" - A person who produces, prepares, packages or dispenses food or drink that will not be subsequently heated to appropriate cooking temperatures.

"Health Care Worker" - Any person who is employed (or volunteers their services to a health care organization) to provide direct personal services to others when health care is being delivered. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.



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"Isolation" - The separation during the infectious period of a person who has a communicable disease or who is a carrier of the infecting organism, or who is suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent.

"Isolation, Modified" - A selective, partial limitation of freedom of movement that is applicable to certain specified diseases.

"Local Health Authority" - The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of such boards, or any person legally authorized to act for such health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Observation" - The practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements.

"Premises" - That physical portion of a building or other structure and its environs so designated by the Director of the Department, his authorized representative, or the local health authority.

"Quarantine" - Restriction of the activities of well persons or animals who have been exposed to a case of communicable disease during its period of communicability (i.e., contacts) to prevent disease transmission during the incubation period if infection should occur.

"Sensitive Occupation" - An occupation involving the direct care of others, especially young children and the elderly, or any other occupation so designated by the Department or the local health authority.

"Susceptible (non-immune)" - A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent contracting infection or disease if or when exposed to the agent.

"Suspect case" - A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

SUBPART E: GENERAL PROCEDURES

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**Section 690.1000 General Procedures for the Control of Communicable Diseases**

These procedures are intended for use in homes and similar situations. This Subpart does not apply to Sexually Transmissible Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693. Hospital and long term care facility personnel will find helpful, authoritative and detailed procedures for most diseases in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings", published by the Centers for Disease Control and Prevention (August 21, 1987). This manual and updates are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

a) Isolation.
   1) Establishment. Upon being informed of the existence of a case, of a carrier, or of a suspected case or carrier of a communicable disease, the local health authority having jurisdiction over the area in which the patient is located shall immediately establish isolation of the patient when such isolation for the specific disease is required by these rules and regulations. When the case, carrier, or suspected case or carrier is hospitalized, the isolation procedures shall comply with those outlined in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings," published by the Centers for Disease Control and Prevention (August 21, 1987) (see Section 1010(a)(1) and (a)(2)).
   2) Duration. Isolation shall be maintained for the minimum period of time required for the specific disease by these rules and by the CDC Guidelines mentioned above. When rules for specific disease differ from the content of the CDC Guidelines mentioned above, the rules will prevail.
   3) Termination. Isolation required for the specific disease by this Part may be terminated only by the local health authority having jurisdiction over the area in which the patient is located or by the Department.

b) Quarantine.
   1) Establishment. Quarantine of contacts to a case, a carrier, or a suspected case or carrier of a communicable disease shall immediately be established by the local health authority having jurisdiction over the area in which the contacts reside when such quarantine is required for these specific diseases: diphtheria (Section 690.380), ~~plague (Section 690.570),~~ smallpox (Section 690.650), and typhus (Section 690.740).
   2) Duration. Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by this Part ~~these rules~~.
   3) Termination. Quarantine may be terminated only by the local health authority having jurisdiction over the area in which the contacts reside or the Department.



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c) Persons with diarrhea shall not work in sensitive occupations or as food handlers and must adhere to restrictions on sensitive occupations and food handlers specified in this Part, specific to each etiologic agent.

d) Investigation.
   1) Each case of communicable disease shall be investigated to determine the source, where feasible. Findings of the investigation will be reported as specified under the Section of this Part applicable to each specific disease.
   2) When two or more cases of communicable disease occur in association with a common source, the investigation should include a search for additional cases.
   3) Investigations of outbreaks shall be summarized in a final report and submitted to the Department.

e) Disinfection.
   1) Concurrent disinfection as required by this Part ~~these rules~~ shall be carried out.
      A) Disposable articles freshly soiled by discharges from the eyes, ears, nose, throat, and skin lesions shall be placed in biohazard bags and disposed of appropriately.
      B) Food from the patient's room shall not be used by anyone except the patient. Solid food wastes may be put in the garbage can or garbage disposal. Liquid food wastes may be emptied into the kitchen sink.
      C) Disposable items shall only be used by the same patient. Reusable items shall be disinfected as described by the manufacturer before being used on a different patient.
   2) Terminal cleaning, as required by this Part ~~these rules~~, shall be carried out at the termination of the period of isolation.
      Bed frames, chairs and other parts of the room likely to come in contact with secretions shall be thoroughly cleaned with water, soap or detergent, and disinfectant.

f) Control of Milk, Milk Products and Other Food Stuffs. Whenever a case, a carrier, or a suspected case or carrier of the following diseases exists in the home of a distributor, or on any farm or dairy producing milk, cream, butter, cheese or other foods likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of such food items from such home, farm or dairy may be prohibited as deemed necessary by the Department or the local health authority to prevent the transmission of communicable diseases.
   1) Amebiasis
   2) Campylobacteriosis
   3) Cholera
   4) Diphtheria
   5) E. coli infections due to serotype 0157:H7
   6) Foodborne or waterborne illness
   7) Giardiasis

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8) Hepatitis A
9) Hepatitis, viral, other
10) Salmonellosis
11) Shigellosis
12) Smallpox
13) Streptococcal infections
14) Typhoid fever
15) Yersiniosis

g) Schools, ~~School and~~ Day Care Centers, and Colleges/Universities.
1) When a case of communicable disease occurs in a school, ~~or~~ day care center, or college/university, this fact should not be considered a reason for the facility to be closed, except in the event of an emergency.
2) Persons ~~Children~~ suspected of being infected with a reportable infectious disease for which isolation is required shall be refused admittance to the facility while acute symptoms are present.
3) School, ~~and~~ day care center, and college/university authorities shall handle contacts of infectious disease cases in the manner prescribed in these rules and regulations, or as recommended by the local health authority.

h) Release Specimens. Whenever this Part requires the submission of laboratory specimens for release from isolation or quarantine, the results of such examinations will not be accepted unless the specimens have been examined in a laboratory of the Department or in a laboratory acceptable to the Department for the specific tests required. To determine if a given private laboratory is acceptable, specific inquiry to the Department must be made. The number of specimens needed for release, as detailed under specific disease, is minimum and may be increased when deemed necessary by the Department.

i) Hospitalization.
1) If proper isolation of the patient cannot be accomplished in the home, hospitalization may be required by the Department or the local health authority. Neither public health agency shall bear the cost of such hospitalization.
2) Every person who has a contagious or communicable disease and is ordered by the Director of the Department or by the local health authority to be isolated in conformity with the rules of the Department shall immediately comply with such order and be so isolated until such time as the Director of the Department or local health authority shall certify him to be no longer a danger to the public health.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

Section 690.1010 Incorporated Materials



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a) The following materials are incorporated or referenced in this Part:
1) "CDC Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, HHS Publication No. (CDC) 83-8314 (1983).
2) "Recommendations for Prevention of HIV Transmission in Health-Care Settings", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 21, 1987, Vol. 36, No. S2, pages 35-185).
3) "Protection Against Viral Hepatitis", Recommendations of the Advisory Committee on Immunization Practices (ACIP) ~~Advisory Committee~~, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 9, 1990, Vol. 39, No. RR-2, pages 1-26).
~~4) "General Recommendations on Immunization," Recommendations of the Advisory Committee on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 20, 1994, Vol. 43, No. RR-1, pages 1-30). (See Sections 690.620(d)(1), 690.690(d)(1) and 690.750(a).)~~
45) "Foodborne Pathogenic Microorganisms & Natural Toxins", Center for Food Safety and Applied Nutrition (March 2000), U.S. Food and Drug Administration, Washington, D.C. 20204-0001.
56) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).
~~7) "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), November 22, 1991, Vol. 40, No. RR-13, pages 1-25).~~
~~8) "Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality~~

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~~Weekly Report (MMWR), January 11, 1991, Vol. 40, No. RR-3, pages 1-7).~~

6) "Human Rabies Prevention - United States, 1999", Recommendations of the Advisory Committee on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 8, 1999, Vol. 48, No. RR-1, pages 1-21).

7~~0~~) "Prevention of Hepatitis A Through Active or Passive Immunization", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Service, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 1, 1999 ~~December 27, 1996~~, Vol. 48 ~~45~~, No. RR-12~~5~~, pages 1-37~~30~~).

8~~1~~) "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 14, 1997, Vol. 46, No. RR-5, pages 1-21~~,~~).

~~12) "Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures", Recommendations of the Immunization Practices Advisory Committee (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 9, 1991, Vol. 40, No. RR-10, pages 1-28).~~

9~~3~~) "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 16, 1998, Vol. 47, No. RR-19, pages 1-39).

10~~4~~) "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 31, 1996, Vol. 45, No. RR-7, pages 1-24).

11~~5~~) "Preventing Pneumococcal Disease Among Infants and Young Children", Recommendations of the Advisory Committee on Immunization Practices (ACIP), ~~"Pneumococcal Polysaccharide Vaccine"~~, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report



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(MMWR), October 6, 2000 ~~February 10, 1989~~, Vol. 49 ~~38~~, No. 5, RR-9, pages 1-35 ~~pages 64-66, 73-76~~).

12) "Prevention of Pneumococcal Disease", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), April 4, 1997, Vol. 46, No. RR-8, pages 1-24).

13~~6~~) "Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Infection Control and Hospital Epidemiology, January 1996, Vol. 17(1):54-80).

14~~17~~) "Recommendations for Test Performance and Interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 11, 1995, page 590).

15) "Prevention and Control of Meningococcal Disease and Meningococcal Disease and College Students", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), June 30, 2000, Vol. 49, No. RR-7, pages 1-21).

16) "Recommendations for Preventing the Spread of Vancomycin Resistance", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), September 22, 1995, Vol. 44, No. RR-12).

b) All incorporations by reference of federal regulations and the standard of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Local Health Protection Grant Rules

2) Code Citation: 77 Ill. Adm. Code 615

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 615.210 | Amendment |
| 615.300 | Amendment |
| 615.310 | Amendment |
| 615.320 | Amendment |
| 615.340 | Amendment |
| APPENDIX A | Repealed |

4) Statutory Authority: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS 5]; the Public Health District Act [70 ILCS 905]; the Illinois Municipal Code [65 ILCS 5]; and Section 2310-10 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-10].

5) A Complete Description of the Subjects and Issues Involved: These proposed rules include changes recommended by a workgroup of Department staff and local health department administrators, environmental health directors and communicable disease program coordinators that was convened to evaluate the Local Health Protection Grant review process and to discuss areas of the rules that might need adjustment or clarification. The Local Health Protection Grant Program provides funding to certified local health departments that assure four health protection programs, including infectious diseases, food protection, potable water supply, and private sewage disposal, are provided in accordance with standards specified in these rules. Conclusions reached by the workgroup on needed areas of change focused primarily on the potable water supply and infectious diseases programs.

This Part currently requires local health departments to inspect all new water wells during construction. Proposed revisions to the potable water supply protection standards specify that at least one well constructed by each contractor working in a local health department's jurisdiction shall receive a comprehensive inspection at the time of construction to assure that proper materials and construction methods are being used. Proposed changes for inspection of the well sealing process require the local health department to be present at the site when a well is being sealed by a homeowner, and to annually inspect at least three well sealings performed by each licensed contractor sealing wells in the local health department's jurisdiction, to assure that proper materials and methods are used to seal abandoned wells.

Proposed revisions to the infectious diseases program requirements require local health departments in consultation with the Department to jointly monitor trends in selected reportable diseases on an annual basis. The amendments state that communicable disease control programs should use



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information obtained from this monitoring in combination with other program activity measures in order to assess program performance and undertake program planning. Local health departments would be asked to demonstrate compliance with this process by either producing an annual report that includes disease case rates and is distributed to the public health and medical community; or selecting on an annual basis at least three diseases of concern and providing written interpretations of trends and a plan of action in response to those trends.

Changes are also proposed to the provisions concerning distribution of grant funds to local health departments. This Section of the rules contains obsolete information concerning calculation of grant awards and obsolete dollar amounts for minimum and multi-county grant award levels. Specific dollar amounts are being eliminated from the rules. Another proposed change that would be applicable to all local health departments is the maintenance of a 24-hour notification system that the Department, hospitals, or members of the general public could contact to promptly reach a staff person to report a suspected or actual incident or event of public health concern.

6) Will this Rulemaking replace an Emergency Rule currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain any Incorporations by Reference? No

9) Are there any Other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking will not require additional expenditures by units of local government.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

Paul Thompson, Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
(217)782-2043
e-mail: rules@idph.state.il.us

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For-Profit Corporations Affected: This rulemaking will not affect small businesses, small municipalities or not-for-profit corporations.

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B) Reporting, Bookkeeping or Other Procedures Required for Compliance: None

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent regulatory agendas because: This rulemaking is needed to clarify and update requirements applicable to certified local health departments that receive local health protection grants.

The full text of the Proposed Amendments begins on the next page:



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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER h: LOCAL HEALTH DEPARTMENTS

PART 615
LOCAL HEALTH PROTECTION GRANT RULES

SUBPART A: GENERAL



SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS



SUBPART C: PROGRAM STANDARDS



SUBPART D: DUE PROCESS



AUTHORITY: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS 5]; the Public Health District Act [70 ILCS 905]; the Illinois Municipal Code [65 ILCS 5]; and Section 2310-10 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-10].

SOURCE: Filed October 20, 1977; Part repealed, new Part adopted at 5 Ill. Reg. 1415, effective July 1, 1981; codified at 8 Ill. Reg. 16335; amended at 14 Ill. Reg. 805, effective January 1, 1990; Part repealed, new Part adopted by

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emergency rules at 17 Ill. Reg. 13002, effective July 21, 1993, for a maximum of 150 days; emergency expired on December 18, 1993; Part repealed, new Part adopted at 18 Ill. Reg. 4320, effective March 1, 1994; emergency amendment at 20 Ill. Reg. 3974, effective February 16, 1996, for a maximum of 150 days; emergency expired on July 15, 1996; amended at 21 Ill. Reg. 2960, effective February 20, 1997; amended at 25 Ill. Reg. _____, effective _____.

SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS

**Section 615.210 Purpose and Distribution of Grant Funds**

a) The purpose of the Local Health Protection Grant program is to support a statewide system of local health departments to assure the protection of the public through the provision of various health protection programs. Local Health Protection Grants may be used by the participating local health department for any health protection program or service including, but not limited to, Infectious Diseases, Food Protection, Potable Water Supply, and Private Sewage Disposal. The Grants are intended to supplement other federal, State and local funds available to support local health protection programs, including the four programs that must be assured for participation. Provided the four programs are assured, the local health department may use the Grant funds for any health protection program, activity or service, or for shared management or administrative support costs.

b) The Department shall award Local Health Protection Grant funds using a methodology developed in cooperation with the Illinois Association of Public Health Administrators; however, the Director shall make the final determination of the methodology used. The allocation methodology shall be based upon the following criteria: population; number of persons with incomes below 200 percent of the Federal Poverty Level; and historical grant award levels.

c) Local health departments participating in the Local Health Protection Grant program shall receive, subject to the availability of funds, annual grant awards calculated by one of the following methods:

~~1) Restoration--to--FY-1994-through-FY-1996-Grant-Award-Levels.--The first-priority-for-local-Health-Protection-Grant-funds--shall--be to--restore--all-local-health-departments-participating-during-FY 1996-to-their-highest-annual-grant--awards--received--during--the three-year-period-from-FY-1994-through-FY-1996.~~

~~A) For--those--local--health--departments--that--received-their highest-calculated-annual-grant-awards-during--FY--1996,--no restoration--will--be--necessary--in--FY--1997-or-subsequent years.~~

~~B) For-local-health-departments--that--received--their--highest calculated--annual--grant--awards-during-FY-1994-or-FY-1995, added-funds-will-be-allocated--in--FY--1997--and--subsequent years--until--all-calculated-grant-awards-are-restored.--Any



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added-funds-available-for-such-restoration-will-be-allocated to-local-health-departments-in-direct-proportion-to-each--of the--differences--between--their--highest--calculated-annual award-during-FY-1994-through-FY-1996-and-their--most--recent calculated-annual-award.~~

~~C) In--FY-1998-and-subsequent-years,-if-the-funds-remaining-for such--restoration--or--total--Grant--funds---available---for allocation--are--decreased--from--the--FY-1997-level-so-that calculated-grant-awards-must-be-decreased-from-the--previous year,--reductions--will--be-allocated-to-participating-local health-departments--to--achieve--parity--relative--to--their highest-calculated-FY-1994-through-FY-1996-annual-awards.~~

1)~~2)~~ An amount equivalent to the previous year's award, adjusted for inflation, shall be reserved for each local health department that participated in the grant program the previous year. After that amount is reserved, additional funds ~~After--Restoration. After--all--local-health-departments-participating-during-FY-1996 have-been-restored--to--their--highest--calculated--annual--grant awards-received-during-the-three-year-period-from-FY-1994-through FY--1996,--any--additional--funds-available~~ shall be allocated to participating local health departments to achieve the following cumulative allocation:

A) Fifty percent (50%) of the annual Local Health Protection Grant funds shall be allocated based upon the populations of the local health departments' jurisdictions; and

B) Fifty percent (50%) of the annual Grant funds shall be allocated based upon the numbers of persons with income below 200% of the Federal Poverty Level within local health departments' jurisdictions.

2)~~3)~~ Minimum and Maximum Grant Awards. This subsection applies to all participating local health departments.

A) Subject to the availability of funds, the Department will establish a minimum grant award level annually. The minimum award will be applied if the methodology specified in subsection (c)(1) of this Section would result in a grant award to a local health department that is less than the minimum award. ~~the--minimum--FY--1997--grant--award--to--any participating--local--health--department--shall--be--$24,000 annually;--and--the~~ The minimum annual grant award to any participating multi-county local health department shall be the minimum award ~~$24,000~~ times the number of counties in the multi-county local health department.

B) If available Grant funds increase in subsequent fiscal years, the Department shall raise the minimum annual grant awards for participating single-county (or partial-county) local health departments by the same percentage as the percentage increase in Grant funds available for previously-participating local health departments.~~,~~ ~~however,~~

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~~the minimum annual grant award for any single county (or partial county) local health department shall not exceed $50,000.~~

~~e) If available Grant funds increase in subsequent fiscal years, the Department shall gradually raise the minimum annual grant awards for participating multi-county local health departments as the total Grant funds available for previously participating local health departments increase; however, the minimum grant awards for multi-county local health departments shall not exceed the following schedule: $100,000 for two-county health departments; $140,000 for three-county health departments; $170,000 for four-county health departments; $190,000 for five-county health departments; $200,000 for six-county health departments or any multi-county health department with more than six counties.~~

C)~~B)~~ If the methodology will result in a local health department receiving a grant award that will ~~unduly~~ adversely affect the funding available to other local health departments, then the Department may establish a maximum grant award for that year. The maximum award shall be based on the total annual Local Health Protection Grant appropriation level, the allocation criteria, and/or the availability of other State or federal funds for performing the required programs described in Subpart C of this Part.

3)~~4)~~ ~~Newly Participating Local Health Departments. This subsection applies only to local health departments that participate in the Local Health Protection Grant program for the first time during FY 1997 or later.~~

~~A) Local health departments that participate in the Grant program for the first time in FY 1997 shall receive FY 1997 grant awards consistent with the amounts calculated, budgeted and appropriated for such newly participating local health departments. These FY 1997 awards shall serve as baseline awards for calculation of subsequent year awards, as delineated in subsection (c)(2) of this Section.~~

B)~~B)~~ For newly certified local health departments, ~~that participate in the Grant program for the first time in FY 1990 or later,~~ initial grant awards shall be determined by the ~~same~~ methodology specified in subsection (c)(1)(A) and (B) or (2) of this Section. ~~as those newly participating in FY 1997, but may be inflated for any additional funds received after FY 1997. Thus, the minimum annual awards shall be: Carroll County, $27,230; Clark County, $20,210; Edwards County, $24,000 or the current minimum award; Moultrie County, $24,000 or the current minimum award; Richland County, $20,260; Scott County, $24,000 or the current minimum annual award; Warren County, $33,290; and the balance of Champaign County, $103,330.~~



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4)~~5)~~ Multi-County Local Health Departments. The annual grant award for each participating multi-county local health department shall equal ~~or exceed~~ the sum of the annual grant awards that its individual counties could receive as single-county health departments, ~~unless the multi-county local health department's grant award is determined by Section 615.210(c)(3)(C) which supersedes this subsection.~~

5)~~6)~~ Maximum Annual Change. The Department may impose a maximum allowable annual percentage change (% increase or % decrease) in the total grant award for participating local health departments. Such limits shall not be imposed from one year to the next without granting the Illinois Association of Public Health Administrators advance notice and an opportunity to comment. The Department's decision to impose the limitation shall be based on the number of participating local health departments, the unmet financial needs of participating local health departments, the adequacy of other funding available to local health departments, the availability of Local Health Protection Grant funds for that year, the inflation rate, and other issues affecting the fair distribution of grant funds.

6) The methodologies specified in subsections (c)(1) through (5) of this Section shall not be applied to the distribution of additional funds appropriated for the Grant program, if that additional appropriation specifies the method by which the funds are to be distributed.

d) Prior to the award of Grant funds, the Department and the local health department shall execute a grant agreement wherein the local health department, at a minimum, agrees to:

1) fulfill the requirements of this Part; and

2) provide program statistical information to the Department. The requested information will be developed in cooperation with the Illinois Association of Public Health Administrators.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

SUBPART C: PROGRAM STANDARDS

**Section 615.300 Infectious Diseases**

a) In order to protect the citizens within its jurisdiction from contracting and transmitting infectious diseases, the local health department shall perform a comprehensive infectious diseases control program.

b) For selected Class I(a), Class I(b) and Class II diseases listed in Section 690.100 of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690), the local health department in consultation with the Department shall jointly monitor trends on an annual basis. Disease

case rates are important in the framework of measures needed to understand the outcome of disease control efforts, but should not be interpreted in isolation since they may be a reflection of circumstances beyond the control or influence of a disease control program. Communicable disease control programs should track trends in Class I(a), Class I(b) and Class II disease case rates at least on an annual basis and use this information in combination with other program activity measures in order to assess program performance and undertake program planning. Local health departments will be asked to demonstrate compliance with this process by either:

1) producing an annual report that includes disease case rates and is distributed to the public health and medical community; or
2) selecting on an annual basis at least three diseases of concern and providing a written interpretation of trends and a plan of action in response to those trends.

~~For each Class I and Class II disease listed in Section 690.100 of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690), the local health department, in consultation with the Department, shall establish a goal every five years for a maximum incidence of that disease per 100,000 people. These goals shall be based on a consideration of the current status of disease in the jurisdiction, resources (local, State, and federal) available to the local health department, and national ("Healthy People 2000") goals.~~

c) The local health department shall undertake the following activities, in accordance with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690), the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693), and the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697), in order to control the spread of, reduce the incidence of, and prevent Class I and Class II diseases within its jurisdiction.
   1) Investigation shall be initiated on all reported cases (or suspected cases) of Class I(a) and (b) and Class II diseases: immediately (within 3 hours after receipt of the report) for Class I(a); within 24 hours for Class I(b); and within 7 days for Class II diseases. ~~within one working day (Class I) and 3 working days (Class II) of receipt of the report.~~
   2) For reported cases involving HIV, sexually-transmitted diseases and bloodborne diseases, counseling shall be provided to a ~~an annually~~ negotiated percentage of consenting investigated cases and (their) contacts.
   3) For reported cases involving HIV and~~,~~ sexually-transmitted diseases ~~and bloodborne diseases~~, partner notification services shall be provided to a ~~an annually~~ negotiated percentage of consenting investigated cases and (their) contacts.
   4) For reported cases involving Tuberculosis and sexually-transmitted diseases, a ~~an annually~~ negotiated percentage of reported cases receiving treatment for infectious diseases shall complete the course of therapy included within a



list of Department-approved guidelines for prevention and treatment of Tuberculosis and sexually-transmitted diseases.
   5) For reported cases involving Tuberculosis and sexually-transmitted diseases, a ~~an annually~~ negotiated percentage of identified contacts to cases shall be placed on, and complete, the course of preventive therapy included within a list of Department-approved guidelines for prevention and treatment of Tuberculosis and sexually-transmitted diseases.
   6) Public health infectious disease clinics shall be conducted in accordance with the United States Public Health Service's "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991) or ~~Section 615 Appendix A~~, "Recommended Policies and Procedures for Providing Immunization Services" published by the Department and provided to local health departments ~~Immunization Clinics~~".
   7) A system to monitor the status of Class I(a) and (b) and Class II infectious diseases, including reporting, and a system to estimate the incidence, prevalence and demographic characteristics of cases that occur in the community shall be implemented and maintained.
   8) Screening for Tuberculosis and HIV shall be conducted as determined by the results of a needs assessment of the community. If the needs assessment does not address this issue, goals for such screening shall be ~~annually~~ negotiated with the Department based upon a consideration of the current status of disease in the jurisdiction, resources (local, State, and federal) available to the local health department, and national ("Healthy People 2010 ~~2000~~") goals.
   9) Ongoing immunization clinics shall be developed and maintained as a local service. Ongoing clinics should be of such number and frequency so as to provide for immunizations as recommended in ~~Appendix A of this Part~~, "Recommended Policies and Procedures for Providing Immunization Services ~~Immunization Clinics~~", and to assist schools to comply with Section 27-8.1 of the School Code ~~(Ill. Rev. Stat. 1991, ch. 122, par. 27 0.1)~~ [105 ILCS 5/27-8.1]. During outbreaks, special immunization clinics shall be provided, of such number and frequency as needed to control the spread of disease. Documentation shall be maintained regarding the clinics held by sites ~~site(s)~~ and dates; numbers immunized; and vaccine used or distributed by vaccine type, client ages, and the nature of the vaccinations, e.g., primary series or booster shot.
   10) A plan shall be developed and implemented to survey the immunization status of the population in the local jurisdiction. The local health department shall assist and support the completion of annual surveys of selected populations, i.e., school enterers, special age groups or communities. Survey results should be used to plan and conduct activities to increase immunization levels to at least 90 percent for specific diseases.

Subsequent surveys should show the same or higher levels of immunity.

11) Distribution and use of biologics provided by the Department shall be performed in accordance with the United States Public Health Service "Recommendations of the ~~Immunization--Practices~~ Advisory Committee on Immunization Practices (ACIP)" as published in "Standards for Pediatric Immunization Practices" (February 1993), United States Public Health Service "Sexually Transmitted Diseases Treatment Guidelines" (September 1989) or United States Public Health Service "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991).

12) An accounting for biologics provided by the Department shall be reported monthly to the Department on form IL482-00702.

13) Procedures shall be implemented that assure that the amount of State-supplied vaccine unaccounted for or wasted on an annual basis is less than 3 percent.

14) All known adverse events following administration of vaccines shall be investigated, and a Vaccine Adverse Events Reporting System (VAERS) form ~~(see--Section--615.Appendix--A)~~ shall be completed and submitted to the Department.

15) Qualified personnel shall be available to conduct activities pursuant to this Section. One or more staff members involved in infectious disease investigations ~~Program--management--personnel~~ shall complete the Centers for Disease Control and Prevention home study course on communicable disease control or equivalent approved by the Department within six months prior to ~~of~~ conducting activities, and shall attend at least one related ~~classroom~~ training program annually. This training program may include, but shall not be limited to, classroom training, satellite courses, or conference seminars.

16) Records that ~~which~~ contain information that ~~which~~ identifies or could lead to the identity of cases, case contacts, counseling clients, screening participants, or vaccine recipients shall be strictly confidential and shall not be released except as provided in applicable State and federal statutes and rules or with written consent of the person to whom the records related.

d) Notwithstanding activities conducted pursuant to subsection (c) of this Section, local health departments shall adhere to the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690), the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693), and the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).

e) The ~~annually-negotiated~~ percentages agreed upon between the Department and the local health department for activities described in subsection (c) of this Section shall be negotiated every three years to coincide with Local Health Protection Grant reviews and shall be based on current status of disease in the jurisdiction, resources (local, State, and federal) available to the local health department, federal



initiatives and national ("Healthy People 2010 ~~2000~~") goals. ~~The annually-negotiated-percentages-shall-not-result-in--a--lower--overall rate--of-completion-of-each-activity-than-the-overall-rate-achieved-in the-previous-year.~~

f) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 615.310 Food Protection**

a) In order to protect the citizens within its jurisdiction from contracting and transmitting foodborne diseases, the local health department shall conduct ~~perform~~ a comprehensive food protection program.

b) The local health department shall undertake the following activities to identify, reduce, and whenever possible, eliminate factors which may cause foodborne illnesses in order to reduce the incidence of foodborne illnesses.

1) Programs shall be conducted in accordance with a local ordinance that incorporates by reference or includes provisions at least as stringent as the Department's Food Service Sanitation Code and Retail Food Store Sanitation Code (77 Ill. Adm. Code 750 and 760) and includes enforcement authority, or in accordance with a written agreement with the Department which designates the local health department as an agent of the Department.

2) Current listings of all food service establishments and retail food stores as defined in the Food Service Sanitation Code or the Retail Food Store Sanitation Code shall be identified and maintained.

3) For each facility, the local health department shall assess the relative risks of causing foodborne illness; classify each facility as category I, category II, category III ~~high--risk, medium--risk, or low-risk~~; and annually verify the classification of each facility.

A) "A Category I facility" is a food establishment that ~~High risk"-means-that-a-facility~~ presents a high relative risk of causing foodborne illness based on the large number of food handling operations typically implicated in foodborne outbreaks and/or the type of population served by the facility. The following criteria shall be used to classify Category I ~~high-risk~~ facilities:

i) whenever cooling of potentially hazardous foods occurs as part of the food handling operations at the facility;

ii) when potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;

iii) if potentially hazardous foods which have been previously cooked and cooled must be reheated;

iv) when ~~preparing~~ potentially hazardous foods are prepared ~~food~~ for off-premises service for which time-temperature requirements during transportation, holding and service are relevant;

v) whenever complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;

vi) if vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level; or

vii) whenever serving immunocompromised individuals, where these individuals comprise the majority of the consuming population.

B) A "Category II facility" is a food establishment that ~~"Medium--risk"--means--that--a--facility~~ presents a medium relative risk of causing foodborne illness based upon few food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify Category II ~~medium-risk~~ facilities:

i) If hot or cold foods are not maintained at that temperature for more than 12 hours and are restricted to same day service;

ii) If preparing foods for service from raw ingredients uses only minimal assembly; and

iii) foods served at an establishment that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (high risk) food service establishments or retail food stores.

C) A "Category III facility" is a food establishment that ~~"low risk"--means--a--facility~~ presents a low relative risk of causing foodborne illness based upon few or no food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify Category III ~~low-risk~~ facilities:

i) only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant;

ii) only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or

iii) only beverages (alcoholic or non-alcoholic) are served



at the facility.

D) The Department recognizes that the local health department's experience with a facility is an important factor in assessing the relative risk of foodborne illness for the public. A local health department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number and frequency of violations and their severity, corrective action, etc.) if, in its opinion, a health hazard will not result from such reclassification or such reclassification will provide better protection for the public. The basis for this decision must be documented and be available for Department inspection.

4) Facilities shall be inspected at least as often as prescribed by the following schedule. Inspections of all facilities shall include Hazard Analysis Critical Control Point (HACCP) concepts in accordance with Section 750.10 of the Food Service Sanitation Code.

A) Category I ~~High--risk~~ facilities shall receive three inspections per year, or two inspections per year if one of the following conditions is met:

i) a certified food service manager is present at all times the facility is in operation; or

ii) employees involved in food operations receive a HACCP training exercise, in-service training in another food service sanitation area, or attend an educational conference on food safety or sanitation.

B) Category II ~~Medium--risk~~ facilities shall receive one inspection per year.

C) Category III ~~Low---risk~~ facilities shall receive one inspection every two years.

5) Plan reviews and pre-operational inspections shall be conducted, as appropriate, for new and extensively remodeled facilities.

6) Follow-up inspections, consultation and enforcement actions shall be conducted as necessary to ensure correction of deficiencies and violations of applicable ordinances, agreements, or rules.

7) A surveillance and control system shall be established to monitor, identify and record instances of foodborne disease; to detect sources of contamination; to establish factors that contribute to outbreaks; and to recommend preventive and control measures and take appropriate action to prevent further spread of disease. Hazardous food shall be identified and its distribution shall be restricted in accordance with procedures that include the following:

A) identification of and prohibition against foods that are unsafe and pose a potential threat to health and safety;

B) hold or embargo authority, criteria for destruction of adulterated or contaminated foods, and notification of recalls;

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C) investigation of facilities upon receipt of complaints following events such as fire, natural disaster, and other occurrences which may compromise food safety; and

D) establishment of a system to encourage community reporting of foodborne illness to the local health department, which will notify the Department within 24 hours of occurrence.

8) Information shall be provided to the general public concerning prevention of foodborne illness and describing proper ways for storing, preparing, canning, preserving, and serving food. Information shall be made available to primary and secondary schools to instruct children regarding food sanitation and personal hygiene as it relates to food safety.

9) A program, which is designed especially for food establishment managers and personnel, shall be provided which describes the proper ways of storing and preparing food and the necessity for reporting illness.

10) Self-evaluation/quality assurance reviews shall be conducted annually to determine compliance with this Section and to evaluate the effectiveness of food protection activities within the jurisdiction of the local health department.

11) A written report of the self-evaluation/review shall be prepared and submitted to the Department annually and shall include the following:

A) number and percent of facilities having operations that frequently contribute to foodborne disease outbreaks (i.e., Category I ~~high-risk~~ facilities);

B) number and percent of facilities with identified factors or violations that could contribute to foodborne disease outbreaks;

C) average number of factors or violations per food establishment which could contribute to foodborne illness.

c) Qualified personnel shall be available for the local health department to conduct activities pursuant to this Section.

1) At least one supervisor or training officer shall be standardized and certified biennially in food safety practices and food sanitation by the United States Food and Drug Administration (FDA) certified State Evaluation Officers.

2) New program staff shall complete either a Department-provided or Department-approved initial orientation and training program during the first year of employment.

3) All personnel shall attend at least five hours of Department-approved training each year. Attendance at either a Department-provided or Department-approved orientation and training program, as required in subsection (c)(2) of this Section, shall fulfill this requirement for the year of attendance.

d) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five



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years after the completion of the grant period, and shall be available for review by the Department upon request.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 615.320 Potable Water Supply**

a) In order to protect the people within its jurisdiction from contracting and transmitting waterborne disease, the local health department shall establish a program to assure provision of safe, potable supplies of water for drinking, culinary, and sanitary purposes. The focus of this potable water supply program shall be non-community, semi-private and private water supplies; however, during a water emergency requiring public notice, the local health department should assure provision of potable water for all of its constituents.

b) The following activities shall be provided by the local health department to ensure an effective potable water supply program:

1) The potable water supply program shall be conducted pursuant to a local ordinance that incorporates by reference the Illinois Water Well Construction Code (77 Ill. Adm. Code 920) and the Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925) and includes enforcement authority, or pursuant to a written agreement with the Department which designates the local health department as an agent of the Department.

2) Current listings of names and addresses of all non-community public water supplies shall be maintained, and the Department shall be notified on forms provided by the Department within 30 days after the date the local health department becomes aware of any address or ownership changes.

3) A routine water sampling program shall be established and maintained for all non-community public water supplies in accordance with the Drinking Water Systems Code (77 Ill. Adm. Code 900).

4) All non-community public water supplies which have been originally surveyed shall be inspected and sampled at least every two years. A copy of all completed inspection reports indicating results of samples collected at the time of inspection and results of all samples collected since the last inspection, along with Department data forms, shall be forwarded to the Department within 14 days after completion of an inspection.

5) The owner of any non-community public water supply that is not in conformance with the construction, location, and operational (including sampling) requirements of the Drinking Water Systems Code shall be notified of the violations and ordered to correct them within a specified time. At the end of this time, a reinspection shall be made to ensure that all violations have

been corrected. If they have not been corrected, enforcement action shall commence.

6) All requests for inspection or sampling pertaining to any existing semi-private or private water supply under the local health department's jurisdiction shall be evaluated regarding its public health significance. Requests determined to have a valid public health purpose shall be inspected within 7 days and a written report shall be made, as follows:

A) Semi-private water supplies shall be inspected and sampled upon request of the owner or occupant. The owner and occupant shall be informed of the results of the inspection and any sample analyses. If the water supply is not in conformance with the Public Area Sanitary Practice Code (77 Ill. Adm. Code 895) the owner shall be notified of the violations and ordered to correct them within a specified time. At the end of this time, a reinspection shall be made to ensure that all violations have been corrected. If they have not been corrected, enforcement action shall commence.

B) Existing private water supplies shall be inspected and sampled upon request of the owner, who shall be informed of the results of the inspection, interpretation of sample analyses, and recommended measures to correct all problems or violations of the Illinois Water Well Construction Code, Surface Source Water Treatment Code (77 Ill. Adm. Code 930) or the Illinois Water Well Pump Installation Code.

7) A permit shall be issued prior to the construction of any new water well, after review and determination that the application and proposed construction are in compliance with the Illinois Water Well Construction Code or approved ordinance. ~~Within 30 days after issuing each water well permit, the local health department shall submit to the Illinois State Water Survey the information listed in Section 920.130(b) of the Illinois Water Well Construction Code.~~ A permit to construct a well to serve a non-community public water system shall be issued by the local health department. Copies of the plans, the water well permit, and the water well construction log shall be submitted to the Department. The ~~only after the~~ Department administers the permit program for ~~has first permitted~~ all other aspects of the non-community system, as required in the Drinking Water Systems ~~System~~ Code.

8) Inspection of new water wells.

A) At least one inspection of all new water wells for which a permit has been issued shall be conducted.

B) In addition, annually at least one well constructed by each licensed contractor installing wells in the jurisdiction shall receive a comprehensive inspection at the time of construction to assure that proper materials and construction methods are being used in accordance with the



Illinois Water Well Construction Code and the Illinois Water Well and Pump Installation Code. This inspection shall include observation of the critical aspects of construction and shall include at a minimum inspection of grouting, setting of the casing, and installation of the pitless adapter.

C) A sample shall be collected from all new potable water wells, unless the local health department ensures that the homeowner or his agent will collect and submit a sample to a certified laboratory. The owner shall be informed of the results of the inspection, interpretation of sample analyses, and recommended measures to correct all problems or violations of the Illinois Water Well Construction Code, the Surface Source Water Treatment Code, or the Illinois Water Well Pump Installation Code. All violations shall be corrected or enforcement action shall be initiated. If the water sample contains any coliform bacteria or a nitrate concentration of 10 or more milligrams per liter as nitrogen, the local health department shall suggest additional sampling or other measures in writing to the homeowner to remedy the problem.

9) Information concerning water sampling; design, construction and operation of water supplies; and hazards of cross-connections shall be provided to the public upon request. Such education may be in the form of oral presentations or may include the distribution of materials provided by the Department or by the local health department concerning these topics.

10) Written variances shall be issued for all private, semi-private, and non-community public water supplies in accordance with variance requirements of the applicable rules of the Department, and a copy of the variance that includes the rationale for any variance shall be submitted to the Department on a quarterly basis.

11) Sealing of abandoned wells.

A) Property owners shall be advised of the requirements and need for proper sealing of abandoned wells. ~~;~~ When ~~where~~ a new well is being constructed to replace an existing well, this advice may be provided to the property owner by the licensed well driller. ~~The sealing of all abandoned wells shall be inspected and all located abandoned wells shall be determined to have been properly sealed in accordance with the Illinois Water Well Construction Code, or enforcement action shall be taken.~~

B) A representative of the local health department shall be present at the site at the time a well is being sealed by a homeowner, and shall annually be present at the site during at least three well sealings performed by each licensed well driller sealing wells in his/her jurisdiction to assure that

proper materials and methods are used to seal abandoned wells in accordance with the Illinois Water Well Construction Code. A representative of the local health department shall observe the critical elements of the well sealing, which shall include placement of the sealing material and removal of the pumps and upper casing and assure that proper materials and placement methods are utilized. Where a licensed well drillers seals less than three wells, a representative of the local health department shall be present at all well sealings performed by that licensed driller.

C) If a well is sealed without the local health department being notified in advance, a warning letter shall be sent to the homeowner or licensed well driller and a follow-up inspection shall be conducted to ensure the well was sealed. Continued violations shall result in enforcement action or be referred to the Department for license suspension.

12) Within 30 days after the local health department receives the well construction report, the well permit application and construction report shall be submitted to the Illinois State Water Survey. Well sealing forms should also be submitted to the Survey within 30 days after they are received by the local health department. ~~All water well construction logs and all water well sealing forms shall be submitted to the Illinois State Water Survey within 30 days after receipt. By February 1 of each year, the local health department shall submit to the Department a summary of all permits issued and wells sealed during the previous calendar year.~~

13) Any person who has drilled a water well within the jurisdiction of the local health department without being properly licensed in accordance with the Illinois Water Well Contractors Licensing Act ~~(Ill. Rev. Stat. 1991, ch. 111, par. 7101 et seq.)~~ [225 ILCS 245] shall be referred to the Department. The local health department shall also provide the Department with a copy of correspondence to any well driller or pump installer concerning violations of the Illinois Water Well Construction Code and the Illinois Water Well Pump Installation Code.

14) A disease surveillance system that monitors and identifies instances of waterborne disease, detects sources of contamination, establishes factors that contribute to outbreaks, recommends preventive and control measures and takes appropriate action to prevent further spread of disease shall be established. The system shall promote notification of waterborne illness to the local health department, which in turn shall notify the Department within 24 hours.

c) Qualified personnel shall be available to conduct activities pursuant to this Section.

1) New program staff shall complete a Department provided initial orientation and training program during the first year of employment.

2) All personnel shall attend at least three hours of Department approved training annually.

d) Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 615.340 Common Requirements**

a) All activities performed under this Part shall be governed in all respects by the laws of the State of Illinois. Personnel performing the programs described in this Subpart shall meet the applicable requirements of the Medical Practice Act of 1987 ~~(Ill. Rev. Stat. 1991, ch. 111, par. 4400-1 et seq.)~~ [225 ILCS 60]; the ~~Illinois~~ Nursing and Advanced Practice Nursing Act ~~of 1987 (Ill. Rev. Stat. 1991, ch. 111, par. 3510 et seq.)~~ [225 ILCS 65]; and the Environmental Health Practitioner Licensing ~~Registration~~ Act [225 ILCS 37].

b) All local health departments shall maintain a 24-hour notification system that IDPH, hospitals, or members of the general public can contact to promptly reach a staff person to report a suspect or actual public health incident or event. Local health departments must document, at least quarterly, the method used to ensure the operational reliability of this 24-hour notification system. In addition, local health departments shall document and provide to the IDPH Emergency Officer and their IDPH Regional Health Officer the procedure that IDPH, hospitals or members of the general public must utilize to activate this 24-hour notification system.

c) The local health department shall submit information quarterly on forms provided by the Department concerning activities conducted in each program conducted by the local health department.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

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**Section 615.APPENDIX A Recommended Policies and Procedures for Immunization Clinics (Repealed)**

~~CONTENTS~~



~~a) The policies and procedures contained in this publication are a standardized guide for health care personnel who have a role in ensuring children and adults are protected against the vaccine preventable diseases. It is recognized that local health board policies may warrant minor deviations from these guidelines.~~

~~b) The policies and procedures found within are in accordance with the recommendations of the U.S. Public Health Service's Immunization Practices Advisory Committee (ACIP), American Academy of Pediatrics (AAP) and/or the Illinois Department of Public Health (IDPH). It is important to refer to the ACIP recommendation for additional information about each of the recommended vaccines. Clinic personnel should also consult the manufacturers' package enclosures for instructions regarding storage, handling, dosage and administration of specific vaccines.~~

~~c) It is recommended that the contents of this publication be placed into a loose leaf binder to permit insertion of updated information that may be periodically issued.~~

~~d) It is the responsibility of all clinic staff to be familiar with the contents of this manual.~~

~~e) Not all vaccines included in this publication are provided by the Illinois Department of Public Health (e.g., Enhanced Potency Inactivated Poliovirus Vaccine, Influenza and Pneumococcal Polysaccharide Vaccines). Some vaccines provided by the Illinois Department of Public Health are limited to certain age groups and high risk groups (Hepatitis B Vaccine).~~



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~~GENERAL POLICIES~~

~~a) Policies for immunizations shall be established and reviewed annually by the nursing director, medical advisor and local health board. The medical advisor shall review and sign annually the medical/standing orders. A copy of the policies and order shall be available at each clinic site. A standing order shall designate specifically who can administer vaccine and implement standing orders.~~

~~b) Medical orders shall be supplemented as needed with the recommendations of the U.S. Public Health Service Immunization Practices Advisory Committee (ACIP). Please note that the vaccine manufacturers' package inserts are acceptable sources of information concerning vaccine storage, reconstitution and administration, but they should not be used for determining contraindications since they may not be consistent with the ACIP and American Academy of Pediatrics (AAP) recommendations.~~

~~c) A clinic manual containing up to date ACIP recommendations shall be available for staff to use as a reference.~~

~~d) Clinics shall be conducted at times and places that assure convenient access to clients.~~

~~e) Clinic staff should consist of at least one registered nurse (R.N.) in charge of the clinic, at least one other adult to assist the nurse, and additional adult assistants depending on the number of persons to be served. All clinic personnel should receive an orientation to immunization policies, procedures and emergency care. It is recommended that the person administering the vaccine be an R.N.~~

~~f) Written emergency procedures shall be readily available and visible to clinic staff in each room where vaccine is administered. The name and phone number of the physician on call must be indicated on the form.~~

~~g) A clinic emergency kit shall be available and staff shall be aware of its location. At least one individual should be designated to check and update the contents of the kit every month.~~

~~h) Health histories shall be taken on each client before administering a vaccine. Routine physical examinations or temperature determination are not prerequisites for vaccinating infants and children who appear to be in good health. Asking the parent or guardian if the child is ill, postponing vaccination in those with moderate or severe febrile illnesses and immunizing those without contraindications to vaccination are appropriate procedures for childhood immunization.~~

~~i) When medical advice is needed to determine if a particular individual should be vaccinated, the person's physician shall be consulted. The agency's medical advisor may also be consulted.~~

~~j) Individuals who have a condition that necessitates special caution due to the potential for an adverse event (e.g., unstable neurologic conditions, congenital immunodeficiencies, malignancies or receiving immunosuppressive therapy) or contraindicates receipt of a particular vaccine shall be referred to their private physician for appropriate immunization. A vaccination requested by a private physician on referral, but that is contraindicated per these policies and procedures shall not be~~

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administered, and the physician shall be informed accordingly.

k) Each parent or legal guardian of a child to be immunized will be informed of possible adverse reactions to the particular vaccine administered and instructed to contact the clinic and/or the child's physician in the event of a suspected adverse reaction. All adverse reactions meeting the requirements set forth by the Vaccine Adverse Event Reporting System form, "Standards for Pediatric Immunization Practices," National Center for Prevention Services, Information Services Mail Stop E-06, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 4010, shall be documented and reported to the IDPH.

l) The most current "Vaccine Information Pamphlet" (V.I.P.) or "Important Information Statement" (I.I.S.) for the specific vaccine to be administered shall be provided to clients. Signed acknowledgment that the client has read the form(s) shall be obtained from each individual to be immunized, or from the parent or legal guardian for a minor child. The client receives the informational portion of the forms and the health care provider retains the signed acknowledgment for at least 10 years.

m) The agency should contact the local state's attorney for an opinion on who can legally sign the "V.I.P." or "I.I.S." for a minor in lieu of the parent or legal guardian.

n) For each vaccine administered, clients shall receive a personal immunization record (Illinois Immunization Record Card), or have their existing record updated. Encourage clients to preserve these records.

o) The agency shall maintain a record of each client's immunization history. The agency should develop a tickler file system to identify children's future immunization needs and to contact parents to remind them their children require immunization. The clinic should periodically evaluate the effectiveness of its recall/reminder system.

p) The clinic shall submit the "Vaccine Accountability Form" and "Vaccine Request Form" to appropriate IDPH Regional Immunization Program staff no later than the 5th of each month. The IDPH Central Office must receive the form from Regional Immunization Program staff by the 10th of each month.

q) There is no objection to home administration of vaccines provided the procedure is consistent with standing orders or other medical orders and all procedures related to vaccine handling, explanation of benefits and risks of immunization, precautions, contraindications and emergency provisions are adhered to.

r) The agency shall prominently display information indicating that no one will be denied an immunization for failure to pay the administration fee or make a donation.

s) The agency shall administer immunizations according to a schedule that complies with ACIP and/or IDPH recommendations.

t) Pregnancy in a parent or household contact of any person needing immunization(s) is not a contraindication for administering a vaccine.

u) The public will be informed of immunization services by pamphlets, news releases and interagency notification and referral.

v) The agency will use the "Standards for Pediatric Immunization Practices," National Center for Prevention Services, Information Services Mail Stop



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E-06, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 4010, in developing policies and practices for providing immunization services. These standards represent the ideal principles to reach the goal of completely immunizing at least 90% of all children by their second birthday.

CLINIC PROCEDURES

a) Interviewing Prior to Vaccine Administration

1) Use a written contraindication checklist to standardize the screening of vaccine recipients prior to immunization.

2) Determine vaccines needed and record these on appropriate forms.

3) Flag the records of children who have immunizations postponed to remind clinic staff to complete the immunization schedule at the next available opportunity.

4) When administration of a vaccine normally given in a series of doses is interrupted, do not restart the series, continue the sequence to completion of the schedule. Interrupting the recommended schedule does not reduce the level of immunity reached on completion of the primary series. If no specific vaccination history is available, start the series from the beginning. Make every effort to retrieve a record of the patient's immunization history before starting the series over.

5) Obtain a history of allergies. Refer individuals allergic to any of the specific vaccine components listed on the "V.I.P.", "I.I.S." or package insert to their private physician for appropriate evaluation and disposition regarding administration of vaccine.

6) Persons with a history of anaphylactic reactions (swelling of the mouth and throat, difficulty with breathing, hypotension and shock) following egg ingestion should receive vaccines grown in cell cultures of chick embryo (measles, mumps, yellow fever and influenza vaccines) only with extreme caution. Asking persons whether they can eat eggs without adverse reactions is a reasonable way to screen for those who might be at risk to reactions, due to egg allergy, from measles, mumps, yellow fever and influenza vaccines.

7) Individuals who have experienced a DTP reaction, which may contraindicate additional doses, require a full medical evaluation before subsequent doses of DTP vaccine. If referring to a physician, inform clients that pediatric DT vaccine is not a state supplied biologic.

8) Minor, non febrile illnesses, such as upper respiratory infections, do not contraindicate vaccination. If fever is suspected, measure temperature as appropriate. For the child with an acute illness, base immunization on a medical evaluation of the child's illness.

9) Antibiotic therapy is not, in itself, a contraindication to receiving a vaccine.

10) For postpubertal females in need of MMR (or any combination of

measles, mumps and rubella) vaccine, observe reasonable precautions: (1) ask the women if they are pregnant, (2) exclude those who say they are and (3) explain the theoretical risk of teratogenicity from rubella vaccination and counsel them not to become pregnant for three months after vaccination. These vaccines can be administered safely to the children of pregnant women, since persons immunized with MMR vaccine can shed, but not transmit these viruses.

1) Have the individual (if at least age 18 or an emancipated minor), or the parent or legal guardian for a minor child, read and sign the appropriate "V.I.P." or "I.I.S."

2) If an individual is scheduled to receive OPV, inquire whether the individual or any household contact has an altered immune system. Since OPV is a live virus vaccine, which can be excreted in the stool (feces) for 4 to 6 weeks after vaccine receipt, administration of OPV to an immunosuppressed person, or those who reside with them, is medically contraindicated. Stress the importance of family members practicing proper handwashing techniques during this period.

b) Signing and Completing the "V.I.P." and "I.I.S." (Informed Consent):

1) Use the most recent "V.I.P." or "I.I.S.".

2) The parent or legal guardian must sign the "V.I.P." or "I.I.S." As stated under the "General Policies" section, the agency should have a policy designating who can sign this pamphlet or form in lieu of the parent or legal guardian.

[AGENCY NOTE: Individuals with foster children must contact the Department of Children and Family Services for written authorization for immunization prior to the clinic visit.]

3) Give the parent or legal guardian a reasonable length of time to read the "V.I.P." or "I.I.S." Ask if they have read the "V.I.P." or "I.I.S." and give them an opportunity to ask questions.

4) The parent or legal guardian should sign the last page of the "V.I.P." or the bottom portion of the "I.I.S." in ink prior to vaccine administration. The signature should be legible.

5) Retain the signed portion of the "V.I.P." (Vaccine Administration Record) or "I.I.S." in the client's records for at least 18 years.

6) Indicate the name of the clinic and phone number in the designated area on the "V.I.P" or on the "I.I.S."

c) Health Information Related to Immunization Should Include:

1) Information about the risk of disease and corresponding benefits of immunization against the disease. Copies of the "Who Needs Them Everybody" pamphlet, or one with similar information, should be available for distribution.

2) The approximate length of protection of immunizing agents, the number of booster doses and the interval of their administration.

3) Written information about possible reactions or complications and procedures to follow if they occur, including a telephone number for reporting significant reactions.

4) Information regarding pain and fever control.

5) The date (month, day and year) and specific type(s) of vaccine



administered entered on the standard "Illinois Immunization Record Card" (or its equivalent) or added to the parent's existing record card, and the importance of keeping immunization records and bringing them to each immunization visit.

6) The approximate return date for the next immunization (if applicable). If the clinic administers immunizations on an appointment basis, stress the importance of keeping the scheduled immunization appointment. Remind the parent or legal guardian to contact the clinic to reschedule the appointment cancelled due to the child's illness on the scheduled immunization date.

d) Administration of Immunizing Agents

1) Healthy Individuals

A) No immunizations will be administered to anyone under 6 weeks of age.

B) One or more inactivated agents and one or more live, attenuated viral agents can be administered simultaneously at separate anatomic sites with the precautions that apply to each individual agent.

C) There are theoretical concerns that the immune response to one live virus vaccine might be impaired if given within 4 weeks of another. Live virus vaccines, such as MMR, OPV, and yellow fever, not administered on the same day should be given at least 4 weeks apart.

D) Adhere to the following guidelines for spacing live and killed antigens when administering the various vaccines:

| Antigen Combination | Recommended Minimum Interval Between Doses |
|---|---|
| > 2 killed antigens | None. May be given simultaneously or at any interval between doses. |
| Killed and live antigens | None. May be given simultaneously or at any interval between doses. |
| > 2 live antigens | 4 week minimum interval if not administered simultaneously. |

E) Simultaneous administration of DTP #4, OPV #3, MMR #1 and HbCV #4 is recommended for children 15 months of age and older who are overdue for their first dose of MMR or whose return at 18 months is doubtful.

[AGENCY NOTE: Administration of MMR #1 and HbCV #4 at 15 months and DTP #4 and OPV #3 at 18 months continues to be an acceptable alternative, especially for children with care givers generally compliant with other health care recommendations.]

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F) MMR vaccine (or vaccines containing these antigens) should not be given for at least 6 weeks, and preferably for three months, following the administration of immune globulin (IG). Inactivated vaccines can be given simultaneously or at any time before or after use of an IG product.

G) TB skin testing may be done simultaneously with measles (MMR) vaccination, but should not be done for 4 to 6 weeks after administration of measles antigen. Live virus vaccines, except oral polio, can interfere with the response to a tuberculin test.

H) Whenever feasible, a client who is likely to be susceptible to measles and/or rubella and/or mumps should receive simultaneous vaccinations against as many of these as apply. MMR is the preferred vaccine. Several studies have shown that mumps can occur in highly vaccinated populations, resulting in substantial numbers of cases among persons with histories of prior mumps vaccination. Although rubella vaccine failure has not been a major problem, the potential consequences of vaccine failure are substantial (e.g., congenital rubella syndrome), and MMR should provide an additional safeguard against such failures.

I) Routine polio immunization shall be accomplished with oral polio vaccine (OPV) except in individuals for whom OPV is contraindicated (e.g., immunodeficient patients and their household contacts). Enhanced potency inactivated polio vaccine (E-IPV) is indicated for children with contraindications to OPV. Agencies that do not have E-IPV available at their clinic should refer immunodeficient patients to their personal physician for vaccination. Household contacts of immunodeficient individuals should also receive E-IPV.

J) Children should be immunized with oral polio vaccine even if the parents never received polio vaccine. Parents should be provided with information stating that the unimmunized parent of an immunized child is at a very small risk of developing vaccine associated paralysis. Ensuring prompt and complete immunization of the child is of overriding importance.

K) Choose the site for intramuscular (IM) injections based on the volume of the material to be injected and the size of the muscle into which it is to be injected. In children younger than 1 year, the anterolateral aspect of the thigh is the largest muscle and the preferred site. In older children, the deltoid muscle is usually large enough for IM injection. Some physicians prefer to use the anterolateral thigh muscles for toddlers. Parents and children, however, often prefer the deltoid muscle for children 18 months and older because of less discomfort in the affected extremity and in ambulating. The upper, outer aspect of the buttocks should not be routinely used as a site of immunization for infants, children or adults because of the risk of injury to the sciatic nerve. For most IM injections, a 1 inch to 1 1/2 inch 22 or 23 gauge needle is recommended. Although use of a



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shorter needle may be possible for a lean infant, child or adult, a minimum of 1 inch is recommended to ensure delivery of the vaccine intramuscularly and not into the subcutaneous tissue. (Package inserts of the various vaccines provide recommended route and site(s) of administration.)

L) Subcutaneous (SC) injections can be given in the anterolateral aspect of the thigh or the outer aspect of the upper arm by inserting the needle in a pinched up fold of skin and subcutaneous tissue. An acceptable alternative site for toddlers is the fatty area of the anterolateral thigh (subcutaneous tissue). A 25 gauge needle 5/8 inch to 3/4 inch long is recommended. (Package inserts of the various vaccines provide recommended route and site(s) of administration.)

M) Administration of volumes of vaccine less than those recommended, such as split doses, can result in an inadequate response and leave the recipient susceptible. If a specific contraindication to DTP vaccine exists, the vaccine should not be given. (AGENCY NOTE: The serologic response, clinical efficacy, and/or frequency and severity of adverse reactions due to variations in the recommended volume are not known.)

N) For all SC and IM injections, aspirate after inserting the needle, but before injecting the vaccine. Pull back on the plunger slightly to make sure the needle has not entered a vein. If blood appears in the syringe, withdraw the needle and apply pressure to the puncture site to discourage bleeding. Insert the needle at another site and aspirate again, repeating the above process, if needed.

O) The clinic nurse administering the vaccine, if different than the screener, should review the client's record again.

P) Complete the "For Clinic Use Only" portion of the "V.I.P." and "I.I.S." and retain it in the client's record. Provide the rest of the "V.I.P." or "I.I.S." to the client and/or parent or legal guardian for informational purposes. Indicate the clinic's name and phone number at the conclusion of the "V.I.P." or "I.I.S." text. Instruct the client to notify the clinic if an unusual reaction occurs or questions arise.

2) Immunocompromised Individuals

Special consideration shall be given to immunocompromised children, such as those with congenital immunodeficiencies, HIV infection or malignancy, and recipients of immunosuppressive therapy.

A) If polio immunization is indicated for immunosuppressed patients, their household members or other close contacts, these persons should be given IPV rather than OPV.

B) Short term, low to moderate dose systemic corticosteroid therapy (less than 2 weeks), topical steroid therapy (e.g., nasal, skin), long term alternate day treatment with low to moderate doses of short acting systemic steroids and intra articular, bursal or tendon injection with corticosteroids are not immunosuppressive,

and usual doses do not contraindicate live virus vaccine administration. However, avoid live virus vaccines if systemic immune suppression results from prolonged oral or topical application. Refer children on long-term steroid therapy to their private physician.

3) Reimmunization

A) There is no known risk in revaccinating persons already immune to any of the components of the MMR vaccine.

B) Anyone with an uncertain or non-documented vaccine history should be reimmunized.

C) Reimmunization is necessary if the patient:

i) received killed measles vaccine

ii) received an unknown type of measles vaccine prior to January 1, 1960

iii) received live virus measles vaccine with immune globulin

iv) received single antigen measles, mumps and/or rubella vaccine, or any combination of them, before the first birthday.

D) Illinois law requires a second dose of measles vaccine, preferably in the form of MMR vaccine, for the following individuals:

i) Children entering the 5th grade for the first time after July 1990

ii) Children entering the 9th grade for the first time after July 1991

iii) Children entering at any grade level (K-12) after July 1993

iv) Students entering a post secondary educational instruction for the first time after July 1990.

e) The following recommendations should be followed for the immunization of HIV-infected children.

---

**Known HIV Infection**

| Vaccine | Asymptomatic | Symptomatic |
|---|---|---|
| DTP | yes | yes |
| OPV | no | no |
| IPV | yes | yes |
| MMR | yes | yes* |
| HbCV | yes | yes |
| Pneumococcal | yes | yes |
| Influenza | no** | yes |

*Should be considered.



**Not contraindicated. May be considered when special indications exist.

f) In general, live virus vaccines should be administered no less than 3 months after all immunosuppressive therapy has been discontinued.

g) Care and Storage of Biological Products

1) Store all biologicals according to the manufacturer's instructions during non clinic hours. Maintain vaccines that require refrigeration at a temperature of 35º to 46ºF (2º to 8ºC). No biologicals should be stored in the refrigerator door.

2) Monitor refrigerator temperatures at least weekly, preferably by utilizing a working, reliable temperature chart recorder. Change the chart weekly. Periodically check the readings of the temperature chart recorder against that of an accurate thermometer and calibrate accordingly.

3) Transport biologicals in insulated containers with ice packs. Keep biologicals removed from refrigeration for the duration of a clinic session in a covered container with ice packs.

4) Administer no biologicals beyond the expiration date. Check expiration dates of biologicals at least monthly and rotate stock to avoid outdating. Make contact with the IDPH Regional Immunization Program Specialist at least 1-2 months in advance if any short dated vaccine will not be used.

5) Incinerate, or autoclave, crush and then discard all biologicals that have expired or otherwise spoiled in a sanitary landfill. The incinerator should be one approved by the EPA for destruction of hazardous waste.

6) Use all biologicals requiring reconstitution within the appropriate time period (e.g., 8 hours for MMR vaccine) after reconstitution or discard. Keep reconstituted MMR (or vaccines containing these antigens) chilled and protected from light.

7) Prepare all individual doses of vaccine immediately before administration, and not at the beginning of the clinic. In the event they must be prefilled for a mass clinic, fill the syringes immediately prior to the clinic. Store filled syringes in separate or divided containers or trays with type of vaccine clearly marked. Containers should be kept in the refrigerator or in an insulated cooler with a cold pack (e.g., frozen blue ice) at all times. Cover MMR vaccines to protect them from light.

8) Post a copy of the "Vaccine Storage and Handling Recommendations" on the refrigerator door housing the vaccine.

9) Follow the package insert instructions for those vaccines not routinely given at public clinics (e.g., yellow fever, cholera, etc.). Designated yellow fever vaccination centers should store the yellow fever vaccine at temperatures between 5º C (41ºF) and minus 38ºC (-22ºF) preferably frozen, below 0ºC (32ºF) until it is reconstituted. Multiple dose vials of reconstituted vaccine should be held at 5º to 10ºC (41º to 50ºF); unused vaccine should be discarded within 1 hour after reconstitution.

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h) Care and Disposal of Syringes and Needles
   1) Syringes and needles for vaccine injections must be sterile and should be -- preferably -- disposable -- to -- minimize -- the -- opportunity -- for contamination.
   2) Disposable syringes -- and -- needles -- should -- be -- placed -- into -- specially labeled -- rigid, -- puncture-resistant -- containers -- located -- as -- close as practical to the area in which they were used. -- To prevent needlestick injuries, needles should not be recapped, purposefully bent or -- broken by -- hand, removed from disposable syringes or otherwise manipulated by hand. -- Contaminated -- syringes -- and -- needles -- must -- be -- incinerated -- or autoclaved -- prior -- to -- disposal according to EPA regulations regarding hazardous waste. -- (35 Ill. Adm. Code 1420)

**EMERGENCY PROCEDURES**

If no physician is present at the clinic, all persons authorized to give immunizations must be instructed to treat allergic and non-allergic reactions according to medical standing orders, which should include the following:

a) Local Reaction

| | | |
|---|---|---|
| 1) | Symptoms: | Bleeding and/or swelling at injection site. |
| 2) | Location: | Injection site. |
| 3) | Cause: | Mechanical. |
| 4) | Treatment: | Apply a cold compress using cold water with or without ice to the site of swelling. If there is any bleeding, apply gentle pressure with a dry, sterile gauge square and/or apply a bandaid. |

b) Psychological Reaction (fright resulting in fainting)

| | | |
|---|---|---|
| 1) | Symptoms: | Slow heart rate, sweating with pallor and rapid improvement with treatment below. |
| 2) | Cause: | Fear, apprehension, anxiety, etc. |
| 3) | Treatment: | If a patient feels faint, have him lie flat and elevate his feet or sit and lower his head if possible. If he becomes unconscious, turn his head to the side. Keep the patient flat on his back and loosen clothing. See that fresh air reaches him. Do not give liquids. You may wave smelling salts or aromatic spirits of ammonia under nose. Improvement should be rapid. After consciousness returns, keep patient lying quiet for at least 15 minutes. If faint feeling or unconsciousness lasts for more than a few minutes, contact clinic physician. |

(AGENCY NOTE: Try to remove anxious patients you suspect may faint from the view of others to be immunized. This will help prevent



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fright and possible fainting of others in the same area.)

c) Anaphylactic Shock
The term anaphylaxis encompasses all immediate systemic hypersensitivity reactions which may involve, in varying degrees, the skin, the respiratory tract, the cardiovascular system and the gastrointestinal system. (Adapted from the American Academy of Pediatrics, Redbook, 1991 edition)
   1) Symptoms & Signs: The signs and symptoms of anaphylactic reactions vary and can be separated into those that are mild and involve the skin (pruritus, flush, urticaria, and angioedema) and those that are systemic. Systemic anaphylactic reactions are the most common, serious, and immediate reactions. Systemic anaphylaxis may occur within seconds to minutes after an injection of serum or vaccine; these reactions constitute a critical emergency. The signs and symptoms of systemic anaphylaxis, in addition to skin rash, include rhinitis and rhinorrhea, redness, edema, and tearing of the eyes, and serious and potentially life threatening reactions such as bronchospasm, laryngeal edema, shock and cardiovascular collapse.
   2) Cause: Systemic allergic reaction with vasomotor collapse.
   3) Treatment: Personnel administering vaccines (or other biologicals) should be prepared to treat anaphylaxis. This includes not only having the necessary medications on hand for immediate use, but also having immediate access to equipment to support the patency of the airway and to manage cardiovascular collapse. The competence of all staff should be at such a level that they can manage the situation properly. It is recommended that personnel be CPR trained.
      A) Place individual flat on back without head support. Maintain an open airway by proper positioning and support of angles of the jaw. Keep mouth clear of secretions.
      B) The emergency treatment of anaphylactic reactions is based on the type of reaction. However, in all instances, epinephrine is the primary drug. The mild symptoms of pruritus, erythema, urticaria and angioedema should be treated with epinephrine injected subcutaneously followed by diphenhydramine, hydroxyzine or other antihistamine given orally or parenterally. Epinephrine administration may be repeated within 15 to 20 minutes, either in the same or in a slightly smaller dose than given initially. If the patient improves under observation, without the progression of anaphylaxis, the attending physician may administer a long acting epinephrine, and oral antihistamines may be given during the next 24 hours (in three or four doses).
      C) More severe and potentially life threatening systemic anaphylaxis may require intravenous epinephrine and additional medications following initial treatment with epinephrine.
      D) A second person should telephone to summon the clinic physician on call or an alternate emergency medical service while the first dose of epinephrine is being given. In emergency situations, it is recommended that the paramedics be contacted first and then

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the clinic physician.

Telephone numbers:

CONTACT PERSON---------- EMERGENCY TELEPHONE NUMBER
Physician on call (Name)----------
Alternate Medical Service (Name)----------

E) Check and record vital signs frequently.

F) Observe all patients showing signs and symptoms of anaphylaxis, regardless of severity, for several hours until the symptoms are under control and the physician establishes that the anaphylaxis is not progressing to more severe stages. Severe, systemic anaphylaxis usually requires prolonged observation and follow up treatment (24 to 40 hours), even after stabilization.

**Epinephrine (Adrenalin) in the Treatment of Anaphylaxis****

P

**Subcutaneous or Intramuscular Administration**

1. Epinephrine 1:1,000 (aqueous): 0.01 mL/kg body weight.
Usual dose is as follows:

| | |
|---|---|
| infants: | 0.05 - 0.1 ml, repeated every 15 to 30 minutes |
| children: | 0.1 - 0.3 ml, repeated every 15 to 30 munutes |
| adults: | 0.3 - 0.5 ml, repeated every 10 to 15 munutes |

2. Long acting epinephrine suspension (Sus Phine): 0.005 mL/kg per dose as a single dose. The usual dose in infants and children is one half that of epinephrine 1:1,000 (see above). This medication should be given for more prolonged effect only after initial management.

**In addition to epinephrine administration, maintenance of an airway is critical.

**Dosages of Commonly Used Secondary Drugs in the Treatment of Anaphylaxis**



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| Drug | | Dose |
|---|---|---|
| Diphenhydramine | Oral, IM: | 1 mg/kg every 4 6 hours (50 mg maximum) |
| Hydroxyzine | Oral, IM: | 10 25 mg every 4 6 hours |
| Prednisone | Oral daily | ("burst") dose: 30, 25, 20, 15, 10, 5 mg (i.e., daily decrease); give entire dose each morning |

†AGENCY NOTE: The preceding two tables were adapted from the American Academy of Pediatrics Redbook, 1991 edition, and are included in this publication to serve as general recommendations for use of epinephrine (adrenalin) in the treatment of anaphylaxis. Each agency should develop a specific policy for treatment of anaphylaxis in consultation with their medical consultant and utilizing the package insert included with the epinephrine (adrenalin).†

**CHILDHOOD IMMUNIZATION SCHEDULE BASED ON ACIP AND/OR AAP RECOMMENDATIONS***

**RECOMMENDED IMMUNIZATION SCHEDULE FOR HEALTHY INFANTS & CHILDREN**

| Age (a) | Immunizing Agents |
|---|---|
| 2 months | DTP #1, OPV #1, & HbCV #1 (b) |
| 4 months | DTP #2, OPV #2, & HbCV #2 |
| 6 months | DTP #3, HbCV #3 |
| 15 months | MMR #1, HbCV #4 |
| 15 10 months | DTP #4 (c), OPV #3 (c) |
| 4 6 years (at or before school entrance) | DTP #5, (d) OPV #4 (e) and MMR #2 (f) |
| 14 16 years & every 10 years thereafter | Td |

**RECOMMENDED IMMUNIZATION SCHEDULE FOR INFANTS & CHILDREN UP TO THEIR 7TH BIRTHDAY WHO WERE NOT IMMUNIZED AT THE RECOMMENDED TIME IN THE FIRST YEAR OF LIFE**

| Timing | Immunizing Agents |
|---|---|

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| Age-at-First-Visit | |
|---|---|
| a. 2-14 months of age | DTP-#1, OPV-#1, & HbCV-#1(g) |
| b. 15 months of age or older | DTP-#1, OPV-#1, HbCV-#1(h) & MMR-#1(i) |

| Interval After First Visit | |
|---|---|
| a. 2 months after DTP-#1, OPV-#1 & HbCV#1 | DTP-#2, OPV-#2 & HbCV-#2(g) |
| b. 2 months after DTP-#2, HbCV-#2 | DTP-#3, HbCV-#3(g) |
| c. 6-12 months after DTP #3, HbCV-#3 | DTP-#4, OPV-#3 & HbCV-#4(g) |
| d. 4-6 years of age (at or before school entry) | DTP-#5(j), OPV-#4(j) & MMR-#2(f,k) |

RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS 7 YEARS OF AGE OR OLDER WHO HAVE NOT RECEIVED ANY VACCINES PREVIOUSLY

| Timing | Immunizing Agents |
|---|---|
| First Visit | Td-#1, OPV-#1(l) & MMR-#1 |
| Interval After First Visit | |
| a. 1 month after MMR-#1 | MMR#2(f,k) |
| b. 2 months after Td-#1, OPV-#1 | Td#2, OPV#2 |
| c. 6-12 months after Td-#2, OPV-#2 | Td-#3, OPV-#3 |
| d. 10 years after Td-#3 & every 10 years thereafter | Td |

*Does not include recommended schedules for Hepatitis B vaccination. See the following tables for specific Hepatitis B vaccine recommendations.

(a) These recommended ages should not be construed as absolute (e.g., 2 months can be 6 to 10 weeks, etc.). The recommended HbCV immunization schedule outlined in these guidelines applies to the State supplied product (HbOC Lederle/Praxis).

(b) Ideally, the same conjugate vaccine should be used throughout the entire vaccination series (according to the schedule outlined in the following table). Any of the vaccines may be used for the 15 month dose. Currently, no data exists regarding the interchangeability of different conjugate vaccines with respect to safety, immunogenicity or efficacy.



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(c) Administration of DTP-#4 & OPV-#3 at 18 months of age is an acceptable alternative if caregivers are generally known to be compliant with other health care recommendations.

(d) If DTP-#4 was administered after the 4th birthday, a 5th DTP is not necessary (DTP is required for school entrance up to the 6th birthday).

(e) If OPV #3 was administered after the 4th birthday, a 4th OPV is not necessary.

(f) School and college entrance immunization rules require all students entering the 5th grade for the first time after July 1990, entering the 9th grade for the first time after July 1991, entering at any grade level (K-12) after July 1993 and those entering a post secondary education institution for the first time after July 1990 to be vaccinated with a second dose of measles vaccine. The MMR vaccine is preferred to assure immunity to all three diseases.

(g) See the following table for recommended vaccination schedule for HbCV vaccine.

(h) Children 15-59 months of age should receive only a single dose of HbCV vaccine.

(i) MMR should be given on first visit after child reaches 15 months of age.

(j) The preschool (4-6 years of age) dose is not necessary if the 4th dose of DTP and 3rd dose of OPV are given on or after the 4th birthday.

(k) Minimal interval between doses of MMR is 1 month.

(l) OPV is not routinely given to those = 18 years of age.

Immunization Schedule for Haemophilus influenzae type b (HbCV) Vaccination

| Vaccine | Age at 1st Dose (Mos.) | Primary Series | Booster | Total Number of Doses for Series |
|---|---|---|---|---|
| HibTITER | 2-6 | 3 doses, 2 mos. apart | 15 mos.* | 4 |
| (Lederle/Praxis) | 7-11 | 2 doses, 2 mos. apart | 15 mos.* | 3 |
| (HbOC) | 12-14 | 1 dose | 15 mos.* | 2 |
| | 15-59 | 1 dose | None | 1 |

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| | | | | |
|---|---|---|---|---|
| PedvaxHIB | 2-6 | 2-doses,-2-mos.-apart | 12-mos.* | 3 |
| (Merck-Sharp | 7-11 | 2-doses,-2-mos.-apart | 15-mos.* | 3 |
| and-Dohme) | 12-14 | 1-dose | 15-mos.* | 2 |
| -(PRP-OMP) | 15-59 | 1-dose | None | 1 |
| ProHIBIT | 2-14 | Do-Not-Use | Do-Not Use | - |
| (Connaught) -(PRP-D) | 15-59 | 1-dose | None | 1 |

*At-least-2-months-after-previous-dose.

**Recommended-Schedule-of-Hepatitis-B-Vaccination for-Infants-Born-to-Hepatitis-B-Surface-Antigen (HBsAg)---Negative-Mothers**

| Hepatitis-B-Vaccine | Age-of-Infant |
|---|---|
| Option 1 | |
| Dose-1 | Birth---before-hospital-discharge |
| Dose-2 | 1---2-months-(a,b) |
| Dose-3 | 6-18-months-(a,b) |
| Option 2 | |
| Dose-1 | 1-2-months |
| Dose-2 | 4-months |
| Dose-3 | 6-18-months |

(a) Hepatitis--B-vaccine-can-be-administered-simultaneously-with-DTP,-OPV,-HbCV and-MMR-at-the-same-visit.

(b) Preferably,-the-administration-of-the-last-2-doses--of--vaccine--should--be spaced-at-least-4-months-apart.

**Recommended-Schedule-of-Hepatitis-B Immunoprophylaxis-to-Prevent-Perinatal Transmission-of-Hepatitis-B-Virus-Infection**

Infant-Born-to-Mother-Known-to-be-HBsAg-Positive

| Vaccine-dose(a) | Age-of-infant |
|---|---|
| First | Birth-(within-12-hours) |
| HBIG(b) | Birth-(within-12-hours) |



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| | |
|---|---|
| Second | 1-month |
| Third | 6-months(c) |

Infant-Born-to-Mother-Not-Tested-for-HBsAg

| Vaccine-Dose(d) | Age-of-infant |
|---|---|
| First | Birth--(within-12-hours).---If-mother-is-found to-be--HBsAg--positive,--administer--dose--to infant--as-soon-as-possible,-not-later-than-1 week-after-birth. |
| Second | 1---2-months(e) |
| Third | 6-months(c) |

(a) See-Section-"Recombinant-Hepatitis--B--Vaccines"--for--appropriate--vaccine dose.

(b) Hepatitis-B-immune-globulin-(HBIG)---0.5-ml-administered-intramuscularly-at a-site-different-from-that-used-for-vaccine.

(c) If-4-dose-schedule-(Engerix-B)-is-used,-the-third-dose-is-administered-at-2 months-of-age-and-fourth-dose-at-12-18-months.

(d) First--dose--=--dose--for--infant--of-HBsAg---positive-mother-(see-section, "Recombinant-Hepatitis-B-Vaccines").---If--mother--is--found--to--be--HBsAg positive,--continue-that-dose;-if-mother-is-found-to-be-HBsAg-negative,-use appropriate-dose-from-section-entitled-"Recombinant-Hepatitis-B-Vaccines".

(e) Infants-of-women-who-are-HBsAg-negative-can-be-vaccinated-at--2--months--of age.

**VACCINES-AND-TOXOIDS-RECOMMENDED-FOR-HEALTHY-ADULTS-IN-GENERAL,-BY-AGE GROUP**

Vaccine-or-Toxoid

| Age Group | Td | Measles | Mumps | Rubella | Influenza | Pneumococcal Polysaccharide |
|---|---|---|---|---|---|---|

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| | | | | | | |
|---|---|---|---|---|---|---|
| 18-24-years | X(a) | X | X | X | | |
| 25-64-years | X(a) | X(b) | X(c) | X(d) | | |
| > 65-years | X(a) | | | | X(e) | X |

(a) Booster doses of Td vaccine are recommended every 10 years.

(b) Indicated for persons born after 1956. Generally, people born before 1957 are considered immune to measles because of exposure to natural disease. However, this cutoff date for susceptibility is arbitrary. Consideration should be given to administering a second dose of measles vaccine to those who have been previously immunized (especially to college students, health care professionals, etc.).

(c) Generally indicated for persons born after 1956. Most persons born before 1957 are likely to have been infected naturally and may be considered immune. However, this cutoff date for susceptibility is arbitrary.

(d) All susceptible adults. Particularly beneficial for women of childbearing age who are not pregnant.

(e) Indicated on an annual basis.

IMMUNIZATION REQUIREMENTS FOR COMPLIANCE WITH SCHOOL CODE

| | Age 5 Years or Younger (School Entry) | Age 6 Years & Older | Required Interval Between Doses |
|---|---|---|---|
| DTP or Td | 4 or more doses of DTP with last dose qualifying as a booster and received on or after the 4th birthday. | 3 or more doses of DTP or Td with last dose qualifying as a booster and received on/after the 4th birthday. AND Td booster every 10 years thereafter. | MINIMUM INTERVAL between series doses is 4 weeks. |
| | | | MINIMUM INTERVAL between series and booster is 6 months. |



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| | Age 5 Years or Younger (School Entry) | Age 6 Years & Older | Required Interval Between Doses |
|---|---|---|---|
| OPV | 3 or more doses of OPV with the last dose qualifying as a booster and received on or after the 4th birthday. | 3 or more doses OPV with the last dose qualifying as a booster and received on or after the 4th birthday. | MINIMUM INTERVAL between series doses is 6 weeks. |
| | IPV schedule available if necessary. | | MINIMUM INTERVAL between series and booster is 6 months. |
| MEASLES (Rubeola) | Vaccine administered at 15 months or older* | Vaccine administered at 15 months or older** | Document month/day/year, if necessary, to provide proof of adequate age at time of vaccination. |
| | *If measles vaccine was received prior to 15 months, BUT AFTER 12 months of age, a statement from a physician may be attached to the student's health record indicating the student is adequately protected against measles. This does not replace the required 2nd dose. | **Vaccine administered at 12 months of age or older is acceptable for those students who entered school prior to the 1981-82 school year. ** Students entering Grade 5 during the 1990-91 school year and thereafter must show proof of 2 doses of measles vaccine. ** Students | MINIMUM INTERVAL 1 month between doses. Assessment of adequate 2 dose record: 1st dose received = 12 months of age. 2nd dose received not less than 1 month after 1st dose. |
| | *Starting the | | |

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| | | | |
|---|---|---|---|
| | Age--5--Years---or Younger----(School Entry) | Age---6---Years--& Older | Required--Interval Between-Doses |
| | school--------year 1993-94--------and thereafter-----all students--enrolled in--------Illinois schools-must--show proof--of--2-doses of---------measles vaccine.<br>OR<br>Physician diagnosed--case-of measles-(providing date-of--physician certification).<br>OR<br>Laboratory (serologic) evidence--------of measles---immunity provided-in-health records. | entering--Grade--9 during-the-1991-92 school--year---and thereafter----must show--proof--of--2 doses--of--measles vaccine.<br>**Students entering kindergarten----in the-1993-94-school year----------and thereafter----must show--proof--of--2 doses--of--measles vaccine.<br>OR<br>Physician diagnosed--case-of measles-(providing date-of--physician certification).<br>OR<br>Laboratory (serologic) evidence--------of measles---immunity provided-in-health record. | |



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| | | | |
|---|---|---|---|
| | Age--5--Years---or Younger----(School Entry) | Age---6---Years--& Older | Required--Interval Between-Doses |
| RUBELLA (German measles, 3-day measles) | Vaccine administered-at-12 months----------or older.----------<br>------OR----------<br>Laboratory (serologic) evidence--------of rubella---immunity provided-in-health record.<br>DISEASE-HISTORY-IS NOT-ACCEPTABLE. | Vaccine administered-at-12 months----------or older.----------<br>------OR----------<br>Laboratory (serologic) evidence--------of rubella---immunity provided-in-health record.<br>DISEASE-HISTORY-IS NOT-ACCEPTABLE. | Document month/day/year,-If necessary,------to provide--proof--of adequate---age--at time----------of vaccination. |
| MUMPS | Vaccine administered-on-or after-12-months-of age.----------<br>------OR----------<br>Physician diagnosed-case--of mumps---(providing date--of-physician certification). | Vaccine administered-on-or after-12-months-of age.----------<br>------OR----------<br>Physician diagnosed-case--of mumps---(providing date--of-physician certification). | Document month/day/year,-If necessary,------to provide--proof--of adequate--age---at time----------of vaccination. |

IMMUNIZATION-REQUIREMENTS-FOR-COMPLIANCE-WITH-THE-COLLEGE/UNIVERSITY-LAW

| | | | |
|---|---|---|---|
| VACCINE | Students--born--on or--after--Jan.-1, 1957,--who---first began----attending | Students--born--on or--after--Jan.-1, 1957,--who---began attending------the | Required--interval between-doses. |

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| | | | |
|---|---|---|---|
| ~~VACCINE~~ | ~~Students--born--on or-after--Jan.--1, 1957,---who--first began----attending the----institution after---July----1, 1989,-but-prior-to the----Fall---1990 term.~~ | ~~Students--born--on or-after--Jan.--1, 1957,---who--began attending------the institution,---for the--first---time, the-Fall-1990-term or-after.~~ | ~~Required--interval between-doses.~~ |
| | ~~the----institution after----July---1, 1989,-but-prior-to the---Fall----1990 term.~~ | ~~institution,---for the---first--time, the-Fall-1990-term or-after.~~ | |
| ~~TETANUS/ DIPHTHERIA~~ | ~~3-or-more-doses-of Tetanus----------& Diphtheria----(Td) vaccine,--and--the last-dose-received within--10---years prior----------to enrollment.~~ | ~~3-or-more-doses-of Tetanus----------& Diphtheria----(Td) vaccine,--and--the last-dose-received within---10--years prior----------to enrollment.~~ | ~~Minimum---interval between--1st---and 2nd---dose---is--4 weeks.---------- ---------- Minimum---interval between--the---2nd dose-and-last-dose is-6-months.~~ |
| ~~MEASLES (Rubeola)~~ | ~~1---dose--of--live virus------measles vaccine---at----12 months--of--age-or older.---------- ---- ------OR---------- ---------- Physician diagnosed--measles disease-(providing date-of--physician certification).----~~ | ~~2--doses--of--live virus------measles vaccine,--with-the 1st-dose--received not--earlier--than 12--months--of-age and-the--2nd--dose no--less--than-one month-------later. ---------- ----OR---------- ---------Physician diagnosed--measles~~ | ~~Minimum---interval At--least--1-month between doses.---------- ---------- Document month/day/year,-IF necessary,------to provide--proof--of adequate--age---at time----------of vaccination.~~ |



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| | | | |
|---|---|---|---|
| ~~VACCINE~~ | ~~Students--born--on or-after--Jan.--1, 1957,---who--first began----attending the----institution after---July----1, 1989,-but-prior-to the----Fall---1990 term.~~ | ~~Students--born--on or-after--Jan.--1, 1957,---who--began attending------the institution,---for the--first---time, the-Fall-1990-term or-after.~~ | ~~Required--interval between-doses.~~ |
| | ~~------ ------OR---------- ---------- Laboratory (serologic) evidence--------of measles---immunity provided-in-health record.~~ | ~~disease-(providing date-of--physician certification).---- ----~~ ~~------OR---------- ---------- Laboratory (serologic) evidence--------of measles---immunity provided-in-health record.~~ | |
| ~~RUBELLA (3-day-or German measles)~~ | ~~1---dose---at---12 months--of--age-or older.---------- ---------- ------OR---------- ---------- Laboratory (serologic) evidence--------of rubella---immunity provided-in-health record.~~ ~~DISEASE-HISTORY-IS NOT-ACCEPTABLE.~~ | ~~1---dose---at---12 months-of--age--or older.---------- ---------- ------OR---------- ---------- Laboratory (serologic) evidence--------of rubella---immunity provided-in-health record.~~ ~~DISEASE-HISTORY-IS NOT-ACCEPTABLE.~~ | ~~Document month/day/year,-IF necessary,------to provide--proof--of adequate---age--at time----------of vaccination.~~ |

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| VACCINE | Students born on or after Jan. 1, 1957, who first began attending the institution after July 1, 1989, but prior to the Fall 1990 term. | Students born on or after Jan. 1, 1957, who began attending the institution, for the first time, the Fall 1990 term or after. | Required interval between doses. |
|---|---|---|---|
| MUMPS | 1 dose at 12 months of age or older. OR Physician diagnosed mumps disease (providing date of physician certification). | 1 dose at 12 months of age or older. OR Physician diagnosed mumps disease (providing date of physician certification). | Document month/day/year, if necessary, to provide proof of adequate age at time of vaccination. |

IMMUNIZING AGENTS

DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)

a) Schedule
   1) Infants and children 6 weeks through 6 years of age (up to 7th birthday): Beginning at two months of age or older, single dose on three occasions with 4 to 8 week interval between doses; a fourth dose 6 12 months after the third; a fifth dose just prior to entrance to school (4 6 years of age).
   2) Age 7 through adult: Not recommended.
b) Contraindications and Precautions
   1) Acute illness. (Use discretion when making the decision to administer or delay vaccination because of a current febrile illness.)
   2) Presence of a known problem of the brain or nervous system which is worsening or an uncontrolled seizure disorder.
   3) Any of the following adverse events occurring after a previous dose of DTP vaccine contraindicates further DTP vaccination.
      A) Contraindications
         i) An immediate anaphylactic reaction.



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         ii) Encephalopathy occurring within 7 days following DTP vaccination.
      B) Precautions
         i) Temperature of = 40.5°C (105°F) within 48 hours not due to another identifiable cause.
         ii) Collapse or shock like state (hypotonic hyporesponsive episode) within 48 hours.
         iii) Persistent, inconsolable crying lasting = 3 hours, occurring within 48 hours.
         iv) Convulsions with or without fever occurring within 3 days.
   [AGENCY NOTE: Refer to the current ACIP recommendations on diphtheria, tetanus and pertussis immunization for additional information on the risks associated with pertussis vaccination.]
c) Reactions
   1) The most common side effects of DTP vaccine are soreness, redness and swelling at the injection site. Mild systemic reactions such as a slight fever, drowsiness, anorexia and fussiness occur infrequently. These mild reactions usually occur within the first 24 hours, and have a short duration. They can be safely managed with symptomatic treatment. The frequencies of local reactions and fever are substantially higher with increasing numbers of doses of DTP vaccine, while other mild to moderate systemic reactions (e.g., fretfulness, vomiting) are substantially less frequent. Less common, but more severe side effects can occur.
   2) Moderate to severe systemic events include high fever (e.g., temperature of = 40.5°C (105°F)), persistent, inconsolable crying lasting = 3 hours, collapse (hypotonic hyporesponsive episode), or short lived convulsions (usually febrile). These events which occur infrequently appear to be without sequelae. Other more severe neurologic events, such as a prolonged convulsion or encephalopathy, although rare, have been reported in temporal association with DTP administration.
d) Administration Site Cleansing Agent
   Alcohol with needle/syringe.
e) Dosage and Site of Administration
   0.5 cc intramuscularly in the anterolateral aspect of the upper thigh for infants or into the deltoid for older children.
f) Storage
   Refrigerate at 35° to 46°F (2° to 8°C). DO NOT FREEZE. Do not use if vigorous shaking does not achieve resuspension (to an opaque state free of particles).

TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (Td)

a) Schedule
   1) Age 7 years through adult: Single dose on two occasions with a 4 8 week interval between doses, a third dose 6 12 months after the

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second;-subsequent-doses--one-dose-every-10-years-thereafter.
2) Infants-through-age-6-years:-Not-recommended.
b) Contraindications
1) Acute-illness:-(Use-discretion-when-deciding-to--administer--or--delay vaccination-because-of-a-current-febrile-illness.)
2) History--of--neurologic--or--severe--hypersensitivity--reactions--to-a previous-dose-of-Td.
c) Reactions
Mild--fever,--chills,--local--inflammatory--reaction--with--induration--and soreness.-If-a-nodule-appears-it-may-be-palpable-at-injection--site--for--a few-weeks.
d) Administration-Site-Cleansing-Agent
Alcohol-with-needle/syringe.
e) Dosage-and-Site-of-Administration
0.5-cc-intramuscularly-into-the-deltoid.
f) Storage-of-Toxoid
Refrigerate-at-35°-to-46°F-(2°-to-8°C).--DO-NOT-FREEZE.

**POLIOVIRUS-VACCINE,-LIVE,-ORAL,-TRIVALENT-(OPV)**

a) Schedule
1) Infants-and-children-through-age-6-years:-Beginning-at-age-2-months-or older,--single--dose--on--two--occasions--with--a-6-to-8-week-interval between-doses,-a-third-dose-6-to-12-months-later-and-a-final--dose--at entrance--to--school--for--those--who-received-primary-immunization-in early-childhood.--All-others-complete--the--initial--series--of--three doses.
2) Age--7-years-through-high-school:-Two-doses-administered-with-a-6-to-8 week-interval,-and-a-third-dose-6-to-12-months-later.
3) Adults-(age-18-years-and-older):-Routine--polio--immunization--is--not necessary-for-adults-living-in-the-U.S.
b) Contraindications
1) Acute--illness.--(Use--discretion-when-deciding-to-administer-or-delay vaccination-because-of-a-current-febrile-illness.)
2) Immune-deficiency-diseases.
3) Immunodeficiency-states,-e.g.,-due--to--leukemia,--lymphoma,--AIDS--or cancer.
4) Immunosuppressive-therapy-within-previous-3-months.
5) Residing-with-individuals-who-are-immunodeficient.
6) Pregnancy.
c) Reactions
None-routinely-expected.
d) Dosage-and-Site-of-Administration
Contents-of-single-dose-ampule-(0.5-ml)-directly-by-mouth.
e) Storage-of-Vaccine
Maintain--vaccine--continuously-in-the-frozen-state---10°C-(14°F)-or-lower. At-refrigerator-temperatures-(35°-to-46°F,-2°-to-8°-C),-the-liquid--vaccine



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must-be-used-within-30-days.

**POLIOVIRUS-VACCINE,-INACTIVATED,-INJECTABLE,-ENHANCED-POTENCY-(E-IPV)**

a) Schedule
1) Infants--and-children-through-school-entrance-age:--Beginning-at-age-2 months-or-older,-administer-two-doses-at-intervals-of-4--to--8--weeks, followed-by-a-third-dose-6-to-12-months-after-the-second-dose-(usually integrated--with--DTP--administration--at--15-to-18-months-of-age).--A booster-should-be-given-at-school-entrance,-unless-the-third-dose--was administered--after-the-4th-birthday.--The-need-for-additional-booster doses-has-not-been-established.--(AGENCY-NOTE:--While--E-IPV--and--OPV are-generally-given-as-separate-series,-a-combination-of-both-vaccines totaling---three---doses---and---separated--by--appropriate--intervals constitutes-a-primary-series.--If-enhanced-potency-IPV-is-administered to-persons-with-a-previously-incomplete-series-of-conventional-IPV,--a final--total-of-four-doses-of-polio-vaccine-is-necessary-for-a-primary series.)
2) Adults-(18-years--and--older):---Routine--polio--immunization--is--not necessary--for-adults-residing-in-the-U.S.-Immunization-is-recommended for-persons-traveling-to-countries-with-a-high-incidence-of-polio--and for--health--care--workers--in--close-contact-with-patients-who-may-be excreting--polioviruses.---E-IPV--is--preferred--for--adults--whenever feasible.
b) Contraindications
1) Acute-illness.--(Use-discretion-when-deciding-to-administer--or--delay vaccination-because-of-a-current-febrile-illness.)
2) Pregnancy.
c) Reactions
Minor-local-pain-and-redness.
d) Administration-Site-Cleansing-Agent
Alcohol-with-needle/syringe.
e) Dosage-and-Site-of-Administration
0.5-ml-subcutaneously-in-the-deltoid-area-or-lateral-thigh-of-infant.
f) Storage-of-Vaccine
Refrigerate--at--35°--to--46°F--(2°--to-8°C).---DO-NOT-FREEZE.--This-vaccine should-be-pink-or-red-in-color,-and--clear.---Discard--vaccine--that--shows turbidity,-particules-or-a-change-in-color.

**MEASLES,--MUMPS-AND-RUBELLA-VIRUS-VACCINES,-LIVE-(MMR-AND-MR-COMBINED-VACCINES, MEASLES,-MUMPS,-AND-RUBELLA-INDIVIDUAL-VACCINES)**

a) Schedule
First-dose-at-age-15-months-or-after.-Combined-MMR-is-the-vaccine-of-choice in-routine--infant/child--vaccination--programs.---MMR--is--also--generally preferable--in--other--situations--when-immunization-against-any-one-of-the

diseases is needed. Refer to section titled "Childhood Immunization Schedule Based on ACIP and AAP Recommendations" for information regarding the two dose measles schedule. Any child who received the MMR or the separate antigens before his/her first birthday will need to be reimmunized with the appropriate immunization.

b) Contraindications

1) Acute illness. (Use discretion when deciding to administer or delay vaccination because of a current febrile illness.)

2) Immune deficiency diseases.

3) Immune deficiency states, e.g., due to leukemia, lymphoma, or cancer. {AGENCY NOTE: HIV infection with or without symptoms is not a contraindications to vaccination with MMR; however, caution is indicated.}

4) Immunosuppressive therapy.

5) Receipt of immune globulin within the previous three months.

6) Pregnancy (pregnancy should be avoided for three months following vaccination).

7) Anaphylactic reaction to neomycin or eggs.

{AGENCY NOTE: Rubella vaccine is grown in human diploid cell cultures and can safely be given to persons with histories of severe allergy to eggs or egg protein.}

c) Reactions

Fever and rash occasionally follow measles vaccination 1 to 2 weeks later. Mild swelling of the salivary glands occasionally follows mumps vaccination. Rash, some swelling of the lymph nodes of the neck, and/or some aching or swelling of the joints occasionally follow rubella vaccination 1 to 3 weeks later. Mild local reactions such as erythema, induration and tenderness may occur with any of these vaccines.

d) Administration Site Cleansing Agent

Alcohol with needle/syringe.

e) Dosage and Site of Administration

0.5 cc subcutaneously in the thigh of infants or the outer aspect of the upper arm of older children and adults.

f) Storage of Vaccine

Protect from sunlight. Before and after reconstitution, refrigerate at 35° to 46°F (2° to 8°C). Once reconstitued, discard if not used within 8 hours.

## HAEMOPHILUS B CONJUGATE VACCINE (HbCV)

a) Schedule

At age 2 months to 60 months (up to the 5th birthday). Vaccination schedule is dependent upon the type (manufacturer) of conjugate vaccine. See preceding pages for table showing detailed schedule for HbCV vaccination. When recording the administration of HbCV doses, provider should use the chemical abbreviations of the specific product.

b) Contraindications



1) Acute illness. (Use discretion when deciding to administer or delay vaccination because of a current febrile illness.)

2) Hypersensitivity to any component of the vaccine, including thimerosal.

{AGENCY NOTE: Refer to vaccine insert of the particular manufacturer for a complete list of contraindications.}

c) Reactions

Fever and mild local reactions within 24 hours of immunization. Serious adverse reactions are rare.

d) Administration Site Cleansing Agent

Alcohol with needle/syringe.

e) Dosage and Site of Administration

0.5 ml intramuscular and/or subcutaneous. Refer to the package insert of the specific manufacturer for recommended site of injection.

f) Storage of Vaccine

Refrigerate at 35° to 46°F (2° to 8°C). DO NOT FREEZE.

## INFLUENZA VIRUS VACCINES

a) Recommendations, schedules, contraindications, dosages and reactions are all subject to change annually in accordance with Immunization Practices Advisory Committee (ACIP) recommendations.

b) Administration Site Cleansing Agent

Alcohol with needle/syringe.

c) Site of Administration

Intramuscularly into the deltoid.

d) Storage of Vaccine

Refrigerate at 35° to 46°F (2° to 8°C). DO NOT FREEZE.

## PNEUMOCOCCAL POLYSACCHARIDE VACCINE (23 valent vaccine)

a) Schedule

1) Children

A) Children = 2 years old with chronic illnesses specifically associated with increased risk of pneumococcal disease or its complications (e.g., anatomic or functional asplenia (including sickle cell disease), nephrotic syndrome, cerebrospinal fluid leaks and conditions associated with immunosuppression).

B) Children = 2 years old with asymptomatic or symptomatic HIV infection.

C) The currently available 23 valent vaccine is not indicated for patients having only recurrent upper respiratory tract disease, including otitis media and sinusitis.

2) Adults

A) Immunocompetent adults who are in increased risk of pneumococcal disease or its complications because of chronic illnesses (e.g.,

cardiovascular--disease,--pulmonary--disease,--diabetes-mellitus, alcoholism,-cirrhosis-or-cerebrospinal-fluid-leaks)-or-who-are 65-years-old.

B) Immunocompromised---adults--at--increased--risk--of--pneumococcal disease--or--its--complications--(e.g.,--persons---with---splenic dysfunction--or--anatomic--asplenia,-Hodgkin's-disease,-lymphoma, multiple-myeloma,-chronic-renal-failure,--nephrotic--syndrome--or conditions---such---as---organ--transplantation--associated--with immunosuppression).

C) Adults-with-asymptomatic-or-symptomatic-HIV-infection.

b) Contraindications

Pregnancy

c) Reactions

Erythema-and-pain-at-injection--site.---Fever,--myalgia--and--severe--local reactions-in-less-than-1-percent-of-recipients.--Severe-systemic-reactions, such-as-anaphylaxis,-is-rare.

d) Administration-Site-Cleansing-Agent

Alcohol-with-needle/syringe.

e) Dosage-and-Site-of-Administration

0.5-ml-subcutaneously-or-intramuscularly-in-the-anterolateral-aspect-of-the upper-thigh-or-in-the-deltoid-area.

f) Storage-of-Vaccine

Refrigerate-at-35°-to-46°F-(2°-to-8°C).--DO-NOT-FREEZE.

**RECOMBINANT-HEPATITIS-B-VACCINES**

a) Schedule

| Group | Vaccine: RecombivaxHB* -Dose (ug) | (ml) | Engerix-B*(1) Dose (ug) | (ml) |
|---|---|---|---|---|
| Infants-of-HBsAg(3) positive-mothers | 5 | (0.5) | 10 | (0.5) |
| Other-infants and-children-<-11-years | 2.5 | (0.25) | 10 | (0.5) |
| Children-and-adolescents 11-19-years | 5 | (0.5) | 20 | (1.0) |
| Adults > 20-years | 10 | (1.0) | 20 | (1.0) |
| Dialysis-patients-and other-immunocompromised persons | 40 | (1.0)** | 40 | (2.0)(2) |

* Both-vaccines-are-routinely-administered-in-a-three-dose-series.--Engerix-B



has--also-been-licensed-for-a-four-dose-series-administered-at-0,-1,-2,-and 12-months.

** Special-formulation-for-dialysis-patients.

(1) Alternative-schedule:--four-doses-at-0,-1,-2,-12-months.

(2) Two-1.0-ml-doses-administered-at-one-site,-in-a-four-dose-schedule--at 0,-1,-2,-and-6-months.

(3) HBsAg-=-Hepatitis-B-surface-antigen.

b) Contraindications

1) Hypersensitivity-to-yeast-or-any-component-of-the-vaccine-(thimerosal, aluminum-hydroxide,-alum,-formaldehyde).

2) Exercise--caution-and-appropriate-care-in-administering-to-individuals in-the-following-categories:

A) Individuals-with-severely-compromised-cardiopulmonary-status.

B) Individuals-in-whom-a-febrile-or-systemic-reaction-could--pose--a significant-risk.

[AGENCY--NOTE:--Data-are-not-available-on-the-safety-of-hepatitis-B-vaccine for-the-developing-fetus.-Because-the-vaccines-contain--only--noninfectious HBsAg--particles,--they--should--pose--no--risk--to--the-fetus.--Therefore, pregnancy-or-lactation-should-not-be-considered-a-contraindication--to--the use-of-this-vaccine-for-persons-who-are-otherwise-eligible.]

c) Reactions

Erythema--and--soreness-or-pain-at-injection-site-occur-in-approximately-17 percent-to-22-percent-of-recipients-(depending-upon-type-of-vaccine-given). Severe-systemic-reactions,-such-as-anaphylaxis-are-uncommon.

d) Administration-Site-Cleansing-Agent

Alcohol-with-needle/syringe.

e) Dosage-and-Site-of-Administration

1) Refer-to-the-Schedule-section-for-vaccine-dosage-recommendations.--The preferred-intramuscular-site-for-injection-in-adults--is--the--deltoid muscle.---The-vaccine-can-be-administered-subcutaneously-in-persons-at risk-of-hemorrhage-following-intramuscular-injection.

2) The-anterolateral-thigh-is--the--recommended--site--for--intramuscular injection-in-infants-and-young-children.

f) Storage-of-Vaccine

Refrigerate-at-35°-to-46°F-(2°-to-8°C).--DO-NOT-FREEZE.

**MEDICAL-AUTHORIZATION**

Authorization---is--give--to ----Agency--Name------ to--conduct--an--on-going immunization-program.

As-the-medical-consultant--for--this--agency's--immunization--program,--I--give consent---for---the---nursing---staff---to--administer--immunizations--for--the vaccine-preventable-diseases-in-accordance-with-the-policies-and-procedures--as outlined-on-pages--------through----------of-this-text.

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I--have--reviewed--the--preceding--policies--and-procedures-and-have-found-them consistent-with-the-recommendations-of-the-Advisory-Committee--on--Immunization Practices-(ACIP)-and/or-American-Academy-of-Pediatrics-(AAP).

Date----------Physician's-Signature----------

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VACCINE-ADVERSE-EVENT-REPORTING-SYSTEM
24-Hour-Toll-free-information-line-1-800-822-7967
PATIENT-IDENTITY-KEPT-CONFIDENTIAL

For-CDC/FDA-Use-Only
VAERS-Number ----------
Date-Received ---------

---

Patient-Name:

---

Last----------First----------M.I.

Address

---

---

---

---

City----------State------Zip------

Telephone-no.-(----)----------

---

Vaccine-administered-by-(Name):

---

Responsible
Physician ----------

Facility-Name/Address

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City----------State------Zip------

Telephone-no.-(----)----------

---

Form-completed-by-(Name):

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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Relation to Patient: --Vaccine-Provider --Manufacturer --Patient/Parent --Other

Address (if different from patient or provider)

---

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---

---

City------State------Zip------

Telephone no. (----)----------

---

1. State

2. County where administered

3. Date of birth ------/------/------
month---day----yr

4. Patient age

5. Sex --M --F

6. Date form completed ------/------/------
month---day----yr

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any:

8. Check all appropriate:
-- Patient died--(date ------/------/------)
month--day----yr
-- Life threatening illness
-- Required emergency room/doctor visit
-- Required hospitalization (------days)
-- Resulted in prolongation of hospitalization
-- Resulted in permanent disability



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-- None of the above

9. Patient recovered --YES --NO --UNKNOWN

10. Date of vaccination ------/------/------
month----day----yr
Time ----------AM--PM

11. Adverse event onset ------/------/------
month----day----yr
Time ---------- AM--PM

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10

| Vaccine (type) | Manufacturer | Lot number | Route/Site | No. Previous doses |
|---|---|---|---|---|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |

14. Any other vaccinations within 4 weeks of date listed in no. 10

| Vaccine (type) | Manufacturer | Lot number | Route/ Site | No. Previous doses | Date given |
|---|---|---|---|---|---|
| a. | | | | | |
| b. | | | | | |

15. Vaccinated at:

--Private doctor's office/hospital --Military clinic/hospital
--Public health clinic/hospital --Other/unknown

16. Vaccine purchased with:

--Private funds --Military funds
--Public funds --Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

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~~19.--Pre-existing-physican-diagnosed-allergies,-birth-defects,-medical----conditions-(specify)~~

~~20.~~ ~~Have-you-reported this-adverse-event previously?~~ ~~--No~~ ~~--To-doctor~~ ~~--To-health-department~~ ~~--To-manufacturer~~

~~21.--Adverse-event-following-prior-vaccination-(check-all-applicable, specify)~~

| | ~~Adverse Event~~ | ~~Onset Age~~ | ~~Type Vaccine~~ | ~~Dose-no. in-series~~ |
|---|---|---|---|---|
| ~~In-patient~~ | --- | --- | --- | --- |
| ~~In-brother~~ | --- | --- | --- | --- |
| ~~or-sister~~ | --- | --- | --- | --- |

~~Only-for-children-5-and-under~~

~~22.~~ ~~Birth-weight~~ ---------- ~~lb.~~ -------- ~~oz.~~

~~23.~~ ~~No.-of-brothers-and-sisters~~

~~Only-for-reports-submitted-by-manufacturer/immunization-project~~

~~24.~~ ~~Mfr./imm.-proj.-report-no.~~

~~25.~~ ~~Date-received-by-mfr./imm. proj.~~

~~26.~~ ~~15-day-report?~~ ~~Yes--~~ ~~No--~~

~~27.~~ ~~Report-type~~ ~~Initial--~~ ~~Follow-Up--~~

---

~~Health--care--providers--and--manufacturers--are--required--by--law--(42-U.S.C. 300aa-25)-to-report-reactions-to-vaccines-listed-in-the-Vaccine--Injury--Table. Reports-for-reactions-to-other-vaccines-are-voluntary-except-when-required-as-a condition-of-immunization-grant-awards.~~

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DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Income Tax

2) Code Citation: 86 Ill. Adm. Code 100

3) Section Numbers: 100.2198 Proposed Action: New Section

4) Statutory Authority: 35 ILCS 5/211

5) A Complete Description of the Subjects and Issues Involved: This rulemaking provides guidance for taxpayers entitled to the Economic Development for a Growing Economy credit allowed in IITA Section 211.

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

| Section Numbers | Proposed Action | IL Register Citation |
|---|---|---|
| 100.2101 | Amendment | 8/24/01, 25 Ill. Reg. 10711 |
| 100.5270 | Amendment | 8/31/01, 25 Ill. Reg. 11035 |
| 100.2163 | Amendment | 9/07/01, 25 Ill. Reg. 11340 |
| 100.7010 | Amendment | 9/14/01, 25 Ill. Reg. 11741 |
| 100.2170 | Amendment | 9/21/01, 25 Ill. Reg. 12076 |

10) Statement of Statewide Policy Objectives: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rulemaking may submit them in writing by no later than 45 days after publication of this notice to:

Paul Caselton
Deputy General Counsel - Income Tax
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794
(217) 782-7055

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit

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corporations affected: Any small business entitled to the Economic Development for a Growing Economy credit will benefit from the guidance provided by this rulemaking.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 2001

The full text of the Proposed Amendments begins on the next page:



DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 100
INCOME TAX

SUBPART A: TAX IMPOSED

Section
100.2000 Introduction
100.2050 Net Income (IITA Section 202)

SUBPART B: CREDITS

Section
100.2100 Replacement Tax Investment Credit Prior to January 1, 1994 (IITA 201(e))
100.2101 Replacement Tax Investment Credit (IITA 201(e))
100.2110 Investment Credit; Enterprise Zone (IITA 201(f))
100.2120 Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone (IITA 201(g))
100.2130 Investment Credit; High Impact Business (IITA 201(h))
100.2140 Credit Against Income Tax for Replacement Tax (IITA 201(i))
100.2150 Training Expense Credit (IITA 201(j))
100.2160 Research and Development Credit (IITA 201(k))
100.2165 Education Expense Credit (IITA 201(m))
100.2170 Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)
100.2180 Credit for Residential Real Property Taxes (IITA 208)
100.2195 Dependent Care Assistance Program Tax Credit (IITA 210)
100.2198 Economic Development for a Growing Economy Credit (IITA 211)

SUBPART C: NET OPERATING LOSSES OF UNITARY BUSINESS GROUPS OCCURRING PRIOR TO DECEMBER 31, 1986

Section
100.2200 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group (IITA Section 202) - Scope
100.2210 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Definitions
100.2220 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Current Net Operating Losses; Offsets Between Members
100.2230 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary

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SUBPART O: COMPOSITE RETURNS



SUBPART P: COMBINED RETURNS



SUBPART Q: REQUIREMENT AND AMOUNT OF WITHHOLDING





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SUBPART R: AMOUNT EXEMPT FROM WITHHOLDING



SUBPART S: INFORMATION STATEMENT



SUBPART T: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD



SUBPART U: COLLECTION AUTHORITY



SUBPART V: NOTICE AND DEMAND



SUBPART W: ASSESSMENT



SUBPART X: DEFICIENCIES AND OVERPAYMENTS

Section

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS



AUTHORITY: Implementing the Illinois Income Tax Act [35 ILCS 5] and authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401].



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NOTICE OF PROPOSED AMENDMENTS

SOURCE: Filed July 14, 1971, effective July 24, 1971; amended at 2 Ill. Reg. 49 p. 84, effective November 29, 1978; amended at 5 Ill. Reg. 813, effective January 7, 1981; amended at 5 Ill. Reg. 4617, effective April 14, 1981; amended at 5 Ill. Reg. 4624, effective April 14, 1981; amended at 5 Ill. Reg. 5537, effective May 7, 1981; amended at 5 Ill. Reg. 5705, effective May 20, 1981; amended at 5 Ill. Reg. 5883, effective May 20, 1981; amended at 5 Ill. Reg. 6843, effective June 16, 1981; amended at 5 Ill. Reg. 13244, effective November 13, 1981; amended at 5 Ill. Reg. 13724, effective November 30, 1981; amended at 6 Ill. Reg. 579, effective December 29, 1981; amended at 6 Ill. Reg. 9701, effective July 26, 1982; amended at 7 Ill. Reg. 399, effective December 28, 1982; amended at 8 Ill. Reg. 6184, effective April 24, 1984; codified at 8 Ill. Reg. 19574; amended at 9 Ill. Reg. 16986, effective October 21, 1985; amended at 9 Ill. Reg. 685, effective December 31, 1985; amended at 10 Ill. Reg. 7913, effective April 28, 1986; amended at 10 Ill. Reg. 19512, effective November 3, 1986; amended at 10 Ill. Reg. 21941, effective December 15, 1986; amended at 11 Ill. Reg. 831, effective December 24, 1986; amended at 11 Ill. Reg. 2450, effective January 20, 1987; amended at 11 Ill. Reg. 12410, effective July 8, 1987; amended at 11 Ill. Reg. 17782, effective October 16, 1987; amended at 12 Ill. Reg. 4865, effective February 25, 1988; amended at 12 Ill. Reg. 6748, effective March 25, 1988; amended at 12 Ill. Reg. 11766, effective July 1, 1988; amended at 12 Ill. Reg. 14307, effective August 29, 1988; amended at 13 Ill. Reg. 8917, effective May 30, 1989; amended at 13 Ill. Reg. 10952, effective June 26, 1989; amended at 14 Ill. Reg. 4558, effective March 8, 1990; amended at 14 Ill. Reg. 6810, effective April 19, 1990; amended at 14 Ill. Reg. 10082, effective June 7, 1990; amended at 14 Ill. Reg. 16012, effective September 17, 1990; emergency amendment at 17 Ill. Reg. 473, effective December 22, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 8869, effective June 2, 1993; amended at 17 Ill. Reg. 13776, effective August 9, 1993; recodified at 17 Ill. Reg. 14189; amended at 17 Ill. Reg. 19632, effective November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. 13365, effective September 27, 1996; amended at 20 Ill. Reg. 14617, effective October 29, 1996; amended at 21 Ill. Reg. 958, effective January 6, 1997; emergency amendment at 21 Ill. Reg. 2969, effective February 24, 1997, for a maximum of 150 days; emergency expired July 24, 1997; amended at 22 Ill. Reg. 2234, effective January 9, 1998; amended at 22 Ill. Reg. 19033, effective October 1, 1998; amended at 22 Ill. Reg. 21623, effective December 15, 1998; amended at 23 Ill. Reg. 3808, effective March 11, 1999; amended at 24 Ill. Reg. 10593, effective July 7, 2000; amended at 24 Ill. Reg. 12068, effective July 26, 2000; emergency amendment at 24 Ill. Reg. 17585, effective November 17, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18731, effective December 11, 2000; amended at 25 Ill. Reg. 4640, effective March 15, 2001; amended at 25 Ill. Reg. 4929, effective March 15, 2001; amended

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at 25 Ill. Reg. 5374, effective April 2, 2001; amended at 25 Ill. Reg. 6687, effective May 9, 2001; amended at 25 Ill. Reg. 7250, effective May 25, 2001; amended at 25 Ill. Reg. 8333, effective June 22, 2001; amended at 25 Ill. Reg. _____, effective _____.

SUBPART B: CREDITS

**Section 100.2198 Economic Development for a Growing Economy Credit (IITA 211)**

a) *For tax years beginning on or after January 1, 1999, a taxpayer who has entered an Agreement under the Economic Development for a Growing Economy Tax Credit Act* [35 ILCS 10] (EDGETCA), *shall be allowed a credit against the tax imposed by IITA Section 201(a) and (b) in an amount to be determined in the Agreement.* (IITA Section 211)

b) The credit shall be computed as follows:

1) *The credit allowed shall not exceed the Incremental Income Tax with respect to the project.* (IITA Section 211(1)) EDGETCA Section 5-5 defines Incremental Income Tax as the *total amount withheld during the taxable year from the compensation of new employees under Article 7 of the IITA arising from employment at a project that is the subject of an Agreement.*

2) *The amount of the credit allowed during the tax year plus the sum of all amounts allowed in prior years shall not exceed 100% of the aggregate amount expended by the taxpayer during all prior tax years on approved costs defined by Agreement.* (IITA Section 211(2))

3) Pursuant to IITA Section 211(3), *the amount of credit shall be determined on an annual basis; provided, however, that:*

A) except in the case of a taxpayer described in Subsection (b)(3)(B), *the credit against any State tax liability may not extend beyond 10 taxable years after the project is first approved and may not extend beyond the expiration of the Agreement;*

B) in the case of a taxpayer certified by the Department of Commerce and Community Affairs under the Corporate Headquarters Relocation Act, the credit may not extend beyond 15 taxable years and may not extend beyond the expiration of the Agreement; provided, that such taxpayer may not claim for any tax year during such period more than 60% of the credit otherwise allowed for such tax year under the EDGETCA (EDGETCA Section 5-45);

C) a credit earned within the applicable period specified in subsection (b)(3)(A) or (B) may be carried forward beyond that period pursuant to IITA Section 211(4).

4) *The credit may not exceed the amount of taxes imposed pursuant to IITA 201(a) and (b).* (IITA Section 211(4))

c) *Any credit in excess of the tax liability for the taxable year may be carried forward to offset the income tax liability of the taxpayer for the next 5 years* or until it has been fully utilized, whichever occurs first. *The credit shall be applied to the earliest year for which there is a tax liability. If there are credits from more than one tax year that are available to offset a liability, the earlier credit shall be applied first.* (IITA Section 211(4))



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d) *No credit shall be allowed with respect to any Agreement for any taxable year ending after the Noncompliance Date. Upon receiving notification by the Department of Commerce and Community Affairs of the noncompliance of a taxpayer with an Agreement, the Department shall notify the taxpayer that no credit is allowed with respect to that Agreement for any taxable year ending after the Noncompliance Date, as stated in such notification. If any credit has been allowed with respect to an Agreement for a taxable year ending after the Noncompliance Date for that Agreement, any refund paid to the taxpayer for that taxable year shall, to the extent of that credit allowed, be an erroneous refund within the meaning of IITA Section 912.* (IITA Section 211(5))

e) In the case of a credit earned by a partnership or Subchapter S corporation, the credit passes through to the owners for use against their regular income tax liabilities in the same proportion as other items of the taxpayer are passed through to the taxpayer's owners for federal income tax purposes. (See IITA Section 211.)

f) *For purposes of this credit, the terms "Agreement", "Incremental Income Tax", and "Noncompliance Date" shall have the same meaning as when used in* EDGETCA Section 5-5. (IITA Section 211(6))

g) *This credit is exempt from the sunset provisions of IITA Section 250.* (IITA Section 211)

(Source: Added at 25 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Retailers' Occupation Tax

2) Code Citation: 86 Ill. Adm. Code 130

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 130.2011 | Amendment |
| 130.2012 | Amendment |

4) Statutory Authority: 35 ILCS 120

5) A Complete Description of the Subjects and Issues Involved: The exemptions described in Sections 130.2011 and 130.2012 were enacted effective January 1, 1996 by Public Act 89-115. Because Public Act 89-115 did not specify a sunset date, these exemptions were sunsetted (pursuant to the provisions of Section 2-70 of the Retailers' Occupation Tax Act) on and after January 1, 2001. The provisions of Public Act 92-227, however, have restored the exemptions, effective August 2, 2001. This rulemaking amends the above Sections to inform taxpayers that the exemptions which were previously sunsetted during the period from January 1, 2001 through August 1, 2001, are once again available beginning August 2, 2001.

6) Will these proposed amendments replace any emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

| Section Numbers | Proposed Action | IL Register Citation |
|---|---|---|
| 130.401 | Amendment | 12/29/00, 24 Ill. Reg. 19030 |
| 130.1501 | Amendment | 07/06/01, 25 Ill. Reg. 8116 |
| 130.1505 | Amendment | 07/06/01, 25 Ill. Reg. 8116 |
| 130.2013 | New Section | 09/14/01, 25 Ill. Reg. 11759 |
| 130.445 | Amendment | 09/21/01, 25 Ill. Reg. 12065 |

10) Statement of Statewide Policy Objectives: This rulemaking does not create a State Mandate, nor does it modify any existing State Mandates.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed amendment may submit them in writing by no later than 45 days after publication of this notice to:

Jerilynn Gorden
Senior Counsel, Sales & Excise Tax
Illinois Department of Revenue



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Legal Services Office
101 West Jefferson
Springfield, Illinois 62794
(217) 782-6996

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Any type of small business that sells or leases the types of computers and communications equipment and other equipment that qualifies for the exemption regarding leases to exempt hospitals set out in Section 2-5(28) of the Retailers' Occupation Tax Act, and any small business that sells or leases tangible personal property that qualifies for the exemption regarding leases to governmental bodies set out in Section 2-5(29) of the Retailers' Occupation Tax Act.

B) Reporting, bookkeeping or other procedures required for compliance: Basic bookkeeping procedures

C) Types of professional skills necessary for compliance: Bookkeeping

13) Regulatory Agenda on which this rulemaking was summarized: July 2001

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 130
RETAILERS' OCCUPATION TAX

SUBPART A: NATURE OF TAX



SUBPART B: SALE AT RETAIL



SUBPART C: CERTAIN STATUTORY EXEMPTIONS



SUBPART D: GROSS RECEIPTS



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SUBPART E: RETURNS



SUBPART F: INTERSTATE COMMERCE



SUBPART G: CERTIFICATE OF REGISTRATION

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SUBPART H: BOOKS AND RECORDS



SUBPART I: PENALTIES AND INTEREST



SUBPART J: BINDING OPINIONS



SUBPART K: SELLERS LOCATED ON, OR SHIPPING TO, FEDERAL AREAS



SUBPART L: TIMELY MAILING TREATED AS TIMELY FILING AND PAYING





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SUBPART M: LEASED PORTIONS OF LESSOR'S BUSINESS SPACE



SUBPART N: SALES FOR RESALE



SUBPART O: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX



SUBPART P: PROCEDURE TO BE FOLLOWED UPON SELLING OUT OR DISCONTINUING BUSINESS



SUBPART Q: NOTICE OF SALES OF GOODS IN BULK



SUBPART R: POWER OF ATTORNEY



SUBPART S: SPECIFIC APPLICATIONS

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Section
130.1901 Addition Agents to Plating Baths
130.1905 Agricultural Producers
130.1910 Antiques, Curios, Art Work, Collectors' Coins, Collectors' Postage Stamps and Like Articles
130.1915 Auctioneers and Agents
130.1920 Barbers and Beauty Shop Operators
130.1925 Blacksmiths
130.1930 Chiropodists, Osteopaths and Chiropractors
130.1935 Computer Software
130.1940 Construction Contractors and Real Estate Developers
130.1945 Co-operative Associations
130.1950 Dentists
130.1951 Enterprise Zones
130.1952 Sales of Building Materials to a High Impact Business
130.1955 Farm Chemicals
130.1960 Finance Companies and Other Lending Agencies -- Installment Contracts -- Bad Debts
130.1965 Florists and Nurserymen
130.1970 Hatcheries
130.1971 Sellers of Pets and the Like
130.1975 Operators of Games of Chance and Their Suppliers
130.1980 Optometrists and Opticians
130.1985 Pawnbrokers
130.1990 Peddlers, Hawkers and Itinerant Vendors
130.1995 Personalizing Tangible Personal Property
130.2000 Persons Engaged in the Printing, Graphic Arts or Related Occupations, and Their Suppliers
130.2004 Sales to Nonprofit Arts or Cultural Organizations
130.2005 Persons Engaged in Nonprofit Service Enterprises and in Similar Enterprises Operated As Businesses, and Suppliers of Such Persons
130.2006 Sales by Teacher-Sponsored Student Organizations
130.2007 Exemption Identification Numbers
130.2008 Sales by Nonprofit Service Enterprises
130.2009 Personal Property Purchased Through Certain Fundraising Events for the Benefit of Certain Schools
130.2010 Persons Who Rent or Lease the Use of Tangible Personal Property to Others
130.2011 Sales to Persons Who Lease Tangible Personal Property to Exempt Hospitals
130.2012 Sales to Persons Who Lease Tangible Personal Property to Governmental Bodies
130.2015 Persons Who Repair or Otherwise Service Tangible Personal Property
130.2020 Physicians and Surgeons
130.2025 Picture-Framers
130.2030 Public Amusement Places
130.2035 Registered Pharmacists and Druggists
130.2040 Retailers of Clothing



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130.2045 Retailers on Premises of the Illinois State Fair, County Fairs, Art Shows, Flea Markets and the Like
130.2050 Sales and Gifts By Employers to Employees
130.2055 Sales by Governmental Bodies
130.2060 Sales of Alcoholic Beverages, Motor Fuel and Tobacco Products
130.2065 Sales of Automobiles for Use In Demonstration (Repealed)
130.2070 Sales of Containers, Wrapping and Packing Materials and Related Products
130.2075 Sales To Construction Contractors, Real Estate Developers and Speculative Builders
130.2076 Sales to Purchasers Performing Contracts with Governmental Bodies
130.2080 Sales to Governmental Bodies, Foreign Diplomats and Consular Personnel
130.2085 Sales to or by Banks, Savings and Loan Associations and Credit Unions
130.2090 Sales to Railroad Companies
130.2095 Sellers of Gasohol, Coal, Coke, Fuel Oil and Other Combustibles
130.2100 Sellers of Feeds and Breeding Livestock
130.2105 Sellers of Newspapers, Magazines, Books, Sheet Music and Recordings, and Their Suppliers; Transfers of Data Downloaded Electronically
130.2110 Sellers of Seeds and Fertilizer
130.2115 Sellers of Machinery, Tools and Special Order Items
130.2120 Suppliers of Persons Engaged in Service Occupations and Professions
130.2125 Trading Stamps and Discount Coupons
130.2130 Undertakers and Funeral Directors
130.2135 Vending Machines
130.2140 Vendors of Curtains, Slip Covers, Floor Covering and Other Similar Items Made to Order
130.2145 Vendors of Meals
130.2150 Vendors of Memorial Stones and Monuments
130.2155 Vendors of Signs
130.2156 Vendors of Steam
130.2160 Vendors of Tangible Personal Property Employed for Premiums, Advertising, Prizes, Etc.
130.2165 Veterinarians
130.2170 Warehousemen

ILLUSTRATION A Examples of Tax Exemption Cards

AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act [35 ILCS 120] and authorized by Section 2505-25 of the Civil Administrative Code of Illinois [20 ILCS 2505/2502-25].

SOURCE: Adopted July 1, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective

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October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4 Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June 1, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 11, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July 1, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987; amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days, modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989; amended at 14 Ill. Reg. 241, effective December 21, 1989; amended at 14 Ill. Reg. 872, effective January 1, 1990; amended at 14 Ill. Reg. 15463, effective September 10, 1990; amended at 14 Ill. Reg. 16028, effective September 18, 1990; amended at 15 Ill. Reg. 6621, effective April 17, 1991; amended at 15 Ill. Reg. 13542, effective August 30, 1991; amended at 15 Ill. Reg. 15757, effective October 15, 1991; amended at 16 Ill. Reg. 1642, effective January 13, 1992; amended at 17 Ill. Reg. 860, effective January 11, 1993; amended at 17 Ill. Reg. 18142, effective October 4, 1993; amended at 17 Ill. Reg. 19651, effective November 2, 1993; amended at 18 Ill. Reg. 1537, effective January 13, 1994; amended at 18 Ill. Reg. 16866, effective November 7, 1994; amended at 19 Ill. Reg. 13446, effective September 12, 1995; amended at 19 Ill. Reg. 13568, effective September 11, 1995; amended at 19 Ill. Reg. 13968, effective September 18, 1995; amended at 20 Ill. Reg. 4428, effective March 4, 1996; amended at 20 Ill. Reg. 5366, effective March 26, 1996; amended at 20 Ill. Reg. 6991, effective May 7, 1996; amended at 20 Ill. Reg. 9116, effective July 2, 1996; amended at 20 Ill. Reg. 15753, effective December 2, 1996; expedited correction at 21 Ill. Reg. 4052, effective December 2, 1996; amended at 20 Ill. Reg. 16200, effective December 16, 1996; amended at 21 Ill. Reg. 12211, effective August 26, 1997; amended at 22 Ill. Reg. 3097, effective January 27, 1998; amended at 22 Ill. Reg. 11874, effective June 29, 1998; amended at 22 Ill. Reg. 19919, effective October 28, 1998; amended at 22 Ill. Reg. 21642, effective November 25, 1998; amended at 23 Ill. Reg. 9526, effective July 29, 1999; amended at 23 Ill. Reg. 9898, effective August 9, 1999; amended at 24 Ill. Reg. 10713, effective July 7, 2000; emergency amendment at 24 Ill. Reg. 11313, effective July 12, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15104, effective October 2, 2000;



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amended at 24 Ill. Reg. 18376, effective December 1, 2000; amended at 25 Ill. Reg. 941, effective January 8, 2001; emergency amendment at 25 Ill. Reg. 1792, effective January 16, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 4674, effective March 15, 2001; amended at 25 Ill. Reg. 4950, effective March 15, 2001; amended at 25 Ill. Reg. 5398, effective April 2, 2001; amended at 25 Ill. Reg. 6515, effective May 3, 2001; amended at 25 Ill. Reg. 6713, effective May 9, 2001; amended at 25 Ill. Reg. 7264, effective May 25, 2001; amended at 25 Ill. Reg. 10917, effective August 13, 2001; amended at 25 Ill. Reg. _____, effective _____.

SUBPART S: SPECIFIC APPLICATIONS

**Section 130.2011 Sales to Persons Who Lease Tangible Personal Property to Exempt Hospitals**

a) Effective January 1, 1996 through December 31, 2000, and on and after August 2, 2001, sales of computers and communications equipment utilized for any hospital purpose that are sold to persons who lease those items to exempt hospitals are not subject to Retailers' Occupation Tax. As noted in this subsection, the exemption is not available during the period January 1, 2001 through August 1, 2001 because it expired under the provisions of Section 2-70 of the Retailers' Occupation Tax Act [35 ILCS 120/2-70] and was not reinstated until August 2, 2001. The exemption is otherwise available, provided that ~~providing~~:
   1) the computers and communications equipment described above must all be purchased for lease to a tax exempt hospital under a lease that has been executed or is in effect at the time of purchase;
   2) the lease must be for a period of one year or longer; and
   3) the lease must be to a hospital that has an active tax exemption identification number issued by the Department under Section 1g of the Retailers' Occupation Tax Act (see Section 130.2007 of this Part).

b) Effective January 1, 1996 through December 31, 2000, and on and after August 2, 2001, sales of equipment, other than that specified in subsection (a), used in the diagnosis, analysis, or treatment of hospital patients that is sold to persons who lease that equipment to exempt hospitals is not subject to Retailers' Occupation Tax. As noted in this subsection, the exemption is not available during the period January 1, 2001 through August 1, 2001 because it expired under the provisions of Section 2-70 of the Retailers' Occupation Tax Act [35 ILCS 120/2-70] and was not reinstated until August 2, 2001. The exemption is otherwise available, provided that ~~providing~~:
   1) the equipment described above must all be purchased for lease to a tax exempt hospital under a lease that has been executed or is in effect at the time of purchase;
   2) the lease must be for a period of one year or longer; and
   3) the lease must be to a hospital that has an active tax exemption

identification number issued by the Department under Section 1g of the Retailers' Occupation Tax Act (see Section 130.2007 of this Part).

c) The retailer must retain the certification described below in the retailers' books and records to properly document the exemption described in this Section.

1) When this exemption may be properly claimed on the purchase of computer or other communications equipment, the purchaser must give the seller a certification stating that the computer or other communications equipment is being purchased for lease to a tax exempt hospital under a lease for a period of one year or longer executed or in effect at the time of the purchase.

2) When this exemption may be properly claimed on the purchase of equipment used in the diagnosis, analysis, or treatment of hospital patients, the purchaser must give the seller a certification stating that the equipment is being purchased for lease to a tax exempt hospital under a lease for a period of one year or longer executed or in effect at the time of the purchase, and that the equipment is for use in the diagnosis, analysis, or treatment of hospital patients.

3) The certification described in subsections (c)(1) and (c)(2) of this Section must also contain all of the following:

A) The seller's name and address;

B) The purchaser's name and address;

C) A description of the tangible personal property being purchased;

D) The purchaser's signature and date of signing;

E) The name and address of the hospital and its tax exemption identification number issued by the Department; and

F) The date the lease was executed and the lease period.

d) For purposes of this Section, "hospital patients" means persons who seek any form of medical care including, but not limited to, medical treatment, testing, diagnosis, or therapy at a hospital or at another location under the control and supervision of a hospital. For example, persons who are sent by doctors for X-rays or other tests at qualifying hospitals, even though those persons are not admitted to those hospitals, are considered hospital patients.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 130.2012 Sales to Persons Who Lease Tangible Personal Property to Governmental Bodies**

a) Effective January 1, 1996 through December 31, 2000, and on and after August 2, 2001, sales of tangible personal property to a lessor who leases that property to a governmental body are not subject to Retailers' Occupation Tax. As noted in this subsection, the exemption



is not available during the period January 1, 2001 through August 1, 2001 because it expired under the provisions of Section 2-70 of the Retailers' Occupation Tax Act [35 ILCS 120/2-70] and was not reinstated until August 2, 2001. The exemption is otherwise available, provided that ~~provided~~:

1) the tangible personal property must be purchased for lease to a governmental body under a lease that has been executed or is in effect at the time of purchase;

2) the lease must be for a period of one year or longer; and

3) the lease must be to a governmental body that has an active tax exemption identification number issued by the Department under Section 1g of the Retailers' Occupation Tax Act (see Section 130.2007 of this Part).

b) When this exemption may be properly claimed, the purchaser must give the seller a certification stating that the property is being purchased for lease to a governmental body, under a lease of one year or longer executed or in effect at the time of the purchase and containing all of the following:

1) The seller's name and address;

2) The purchaser's name and address;

3) A description of the tangible personal property being purchased;

4) The purchaser's signature and date of signing;

5) The name of the governmental body and its tax exemption identification number issued by the Department; and

6) The date the lease was executed and the lease period.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Use Tax

2) Code Citation: 86 Ill. Adm. Code 150

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 150.331 | Amendment |
| 150.332 | Amendment |

4) Statutory Authority: 35 ILCS 105

5) A Complete Description of the Subjects and Issues Involved: The exemptions described in Sections 150.331 and 150.332 were enacted effective January 1, 1996 by Public Act 89-115. Because Public Act 89-115 did not specify a sunset date, these exemptions were sunsetted (pursuant to the provisions of Section 3-90 of the Use Tax Act) on and after January 1, 2001. The provisions of Public Act 92-227, however, have restored the exemptions, effective August 2, 2001. This rulemaking amends the above Sections to inform taxpayers that the exemptions which were previously sunsetted during the period from January 1, 2001 through August 1, 2001, are once again available beginning August 2, 2001.

6) Will these proposed amendments replace an emergency amendment currently in effect: No

7) Do these rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part: No

10) Statement of Statewide Policy Objectives: This rulemaking does not create a State Mandate, nor does it modify any existing State Mandates.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

Jerilynn Gorden
Senior Counsel, Sales & Excise Tax
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794
(217) 782-6996

12) Initial Regulatory Flexibility Analysis:



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A) Types of small businesses, small municipalities and not for profit corporations affected: Any type of small business that sells or leases the types of computers and communications equipment and other equipment that qualifies for the exemption regarding leases to exempt hospitals set out Section 3-5(22) of the Use Tax Act, and any small business that sells or leases tangible personal property that qualifies for the exemption regarding leases to governmental bodies set out in Section 3-5(23) of the Use Tax Act.

B) Reporting, bookkeeping or other procedures required for compliance: Basic bookkeeping procedures

C) Types of professional skills necessary for compliance: Bookkeeping

13) Regulatory Agenda on which this rulemaking was summarized: July 2001

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 150
USE TAX

SUBPART A: NATURE OF THE TAX



SUBPART B: DEFINITIONS



SUBPART C: KINDS OF USES AND USERS NOT TAXED



SUBPART D: COLLECTION OF THE USE TAX FROM USERS BY RETAILERS





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SUBPART E: RECEIPT FOR THE TAX



SUBPART F: SPECIAL INFORMATION FOR TAXABLE USERS

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SUBPART G: REGISTRATION OF OUT-OF-STATE RETAILERS



SUBPART H: RETAILERS' RETURNS



SUBPART I: PENALTIES, INTEREST, STATUTE OF LIMITATIONS AND ADMINISTRATIVE PROCEDURES



SUBPART J: TRADED-IN PROPERTY



SUBPART K: INCORPORATION OF ILLINOIS RETAILERS' OCCUPATION TAX REGULATIONS BY REFERENCE



SUBPART L: BOOKS AND RECORDS



SUBPART M: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX





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TABLE A Tax Collection Brackets

AUTHORITY: Implementing the Use Tax Act [35 ILCS 105] and authorized by Section 2505-90 of the Civil Administrative Code of Illinois [20 ILCS 2505/2505-90].

SOURCE: Adopted August 1, 1955; amended at 4 Ill. Reg. 24, p. 553, effective June 1, 1980; amended at 5 Ill. Reg. 5351, effective April 30, 1981; amended at 5 Ill. Reg. 11072, effective October 6, 1981; codified at 6 Ill. Reg. 9326; amended at 8 Ill. Reg. 3704, effective March 12, 1984; amended at 8 Ill. Reg. 7278, effective May 11, 1984; amended at 8 Ill. Reg. 8623, effective June 5, 1984; amended at 11 Ill. Reg. 6275, effective March, 20, 1987; amended at 14 Ill. Reg. 6835, effective April 19, 1990; amended at 15 Ill. Reg. 5861, effective April 5, 1991; emergency amendment at 16 Ill. Reg. 14889, effective September 9, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 1947, effective February 2, 1993; amended at 18 Ill. Reg. 1584, effective January 13, 1994; amended at 20 Ill. Reg. 7019, effective May 7, 1996; amended at 20 Ill. Reg. 16224, effective December 16, 1996; amended at 22 Ill. Reg. 21670, effective November 25, 1998; amended at 24 Ill. Reg. 10728, effective July 7, 2000; amended at 25 Ill. Reg. 953, effective January 8, 2001; emergency amendment at 25 Ill. Reg. 1821, effective January 16, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 5059, effective March 23, 2001; amended at 25 Ill. Reg. 6540, effective May 3, 2001; amended at 25 Ill. Reg. 10937, effective August 13, 2001; amended at 25 Ill. Reg. _____, effective _____.

SUBPART C: KINDS OF USES AND USERS NOT TAXED

**Section 150.331 Persons Who Lease Tangible Personal Property to Exempt Hospitals**

a) Effective January 1, 1996 through December 31, 2000, and on and after August 2, 2001, computers and communications equipment utilized for any hospital purpose that are purchased by persons who lease those items to exempt hospitals are not subject to Use Tax. As noted in this subsection, the exemption is not available during the period January 1, 2001 through August 1, 2001 because it expired under the provisions of Section 3-90 of the Use Tax Act [35 ILCS 105/3-90] and was not reinstated until August 2, 2001. The exemption is otherwise available, provided that ~~providing~~:
   1) the computers and communications equipment described above must all be purchased for lease to a tax exempt hospital under a lease that has been executed or is in effect at the time of purchase;
   2) the lease must be for a period of one year or longer; and
   3) the lease must be to a hospital that has an active tax exemption

identification number issued by the Department under Section 1g of the Retailers' Occupation Tax Act (see 86 Ill. Adm. Code 130.2007).

b) Effective January 1, 1996 through December 31, 2000, and on and after August 2, 2001, equipment, other than that specified in subsection (a), used in the diagnosis, analysis, or treatment of hospital patients that is purchased by persons who lease that equipment to exempt hospitals is not subject to Use Tax. As noted in this subsection, the exemption is not available during the period January 1, 2001 through August 1, 2001 because it expired under the provisions of Section 3-90 of the Use Tax Act [35 ILCS 105/3-90] and was not reinstated until August 2, 2001. The exemption is otherwise available, provided that ~~providing~~:

1) the equipment described above must all be purchased for lease to a tax exempt hospital under a lease that has been executed or is in effect at the time of purchase;
2) the lease must be for a period of one year or longer; and
3) the lease must be to a hospital that has an active tax exemption identification number issued by the Department under Section 1g of the Retailers' Occupation Tax Act (see 86 Ill. Adm. Code 130.2007).

c) The purchaser must provide the certification described below to the seller.

1) When this exemption may be properly claimed on the purchase of computer or other communications equipment, the purchaser must give the seller a certification stating that the computer or other communications equipment is being purchased for lease to a tax exempt hospital under a lease for a period of one year or longer executed or in effect at the time of the purchase.
2) When this exemption may be properly claimed on the purchase of equipment used in the diagnosis, analysis, or treatment of hospital patients, the purchaser must give the seller a certification stating that the equipment is being purchased for lease to a tax exempt hospital under a lease for a period of one year or longer executed or in effect at the time of the purchase, and that the equipment is for use in the diagnosis, analysis, or treatment of hospital patients.
3) The certification described in subsections (c)(1) and (c)(2) of this Section must also contain all of the following:
   A) The seller's name and address;
   B) The purchaser's name and address;
   C) A description of the tangible personal property being purchased;
   D) The purchaser's signature and date of signing;
   E) The name and address of the hospital and its tax exemption identification number issued by the Department; and
   F) The date the lease was executed and the lease period.

d) For purposes of this Section, "hospital patients" means persons who



seek any form of medical care including, but not limited to, medical treatment, testing, diagnosis, or therapy at a hospital or at another location under the control and supervision of a hospital. For example, persons who are sent by doctors for X-rays or other tests at qualifying hospitals, even though those persons are not admitted to those hospitals, are considered hospital patients.

e) If computers or other equipment are purchased by a lessor under the provisions of this Section and the computers or other equipment are used in a manner that does not qualify for the exemption or are used in any other non-exempt manner, the lessor is liable for the appropriate tax imposed under the Use Tax Act. Computers or other equipment being leased under qualifying leases that were entered into between January 1, 1996 and December 31, 2000 pursuant to the provisions of this Section continue to be exempt after January 1, 2001 until such time as the computers or other equipment is no longer being leased under those qualifying leases or is used in any other non-qualifying manner. In the event that the computers or other equipment is no longer leased in an exempt manner or is used in any other non-exempt manner, the amount of Use Tax liability incurred by the lessor is based on the fair market value of the computers or other equipment at the time the non-qualifying use occurred.

(Source: Amended at 25 Ill. Reg. _____, effective _____)

**Section 150.332 Persons Who Lease Tangible Personal Property to Governmental Bodies**

a) Effective January 1, 1996 through December 31, 2000, and on and after August 2, 2001, sales of tangible personal property to a lessor who leases that property to a governmental body are not subject to Use Tax. As noted in this subsection, the exemption is not available during the period January 1, 2001 through August 1, 2001 because it expired under the provisions of Section 3-90 of the Use Tax Act [35 ILCS 105/3-90] and was not reinstated until August 2, 2001. The exemption is otherwise available, provided that:

1) the tangible personal property must be purchased for lease to a governmental body under a lease that has been executed or is in effect at the time of purchase;
2) the lease must be for a period of one year or longer; and
3) the lease must be to a governmental body that has an active tax exemption identification number issued by the Department under Section 1g of the Retailers' Occupation Tax Act (see 86 Ill. Adm. Code 130.2007).

b) When this exemption may be properly claimed, the purchaser must give the seller a certification stating that the property is being purchased for lease to a governmental body, under a lease of one year or longer executed or in effect at the time of the purchase, and

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containing all of the following:

1) The seller's name and address;
2) The purchaser's name and address;
3) A description of the tangible personal property being purchased;
4) The purchaser's signature and date of signing;
5) The name of the governmental body and its tax exemption identification number issued by the Department; and
6) The date the lease was executed and the lease period.

c) If the property is purchased by a lessor under the provisions of this Section and the property is used in a manner that does not qualify for the exemption or is used in any other non-exempt manner, the lessor is liable for the appropriate tax imposed under the Use Tax Act. The property being leased under qualifying leases that were entered into between January 1, 1996 and December 31, 2000 pursuant to the provisions of this Section continue to be exempt after January 1, 2001 until such time as the property is no longer being leased under those qualifying leases or is used in any other non-qualifying manner. In the event that the property is no longer leased in an exempt manner or is used in any other non-exempt manner, the amount of Use Tax liability incurred by the lessor is based on the fair market value of the property at the time the non-qualifying use occurred.

(Source: Amended at 25 Ill. Reg. _____, effective _____)



ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

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1) Heading of the Part: Protection of Human Subjects in Research Conducted by the Authority

2) Code Citation: 20 Ill. Adm. Code 1580

3)

| Section Numbers: | Proposed Action: |
|---|---|
| 1580.10 | New Section |
| 1580.20 | New Section |
| 1580.30 | New Section |
| 1580.40 | New Section |
| 1580.50 | New Section |
| 1580.60 | New Section |
| 1580.70 | New Section |
| 1580.80 | New Section |

4) Statutory Authority: Implementing and authorized by the Illinois Criminal Justice Information Act [20 ILCS 3930]

5) Effective Date of Rules: September 17, 2001

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 25 Ill. Reg. 5796, May 4, 2001

10) Has JCAR issued a Statement of Objection to these rules? No

11) Differences between proposal and final version:

In Section 1580.10(b), by omitting "(1991)".

In Section 1580.20, in the definition of "exempt research", after "regulations", by adding ", including but not limited to 28 CFR 46.101 (b),".

In Section 1580.50(a), after the period, by adding the following sentence "Research projects that are eligible for expedited review include those projects found in the list of research categories published as eligible for expedited review in the Federal Register by the Department of Health and Human Services (see 28 CFR 46.110(a)), and previously approved projects for which minor changes are proposed during the period for which the IRB has already given approval, when those projects or changes involve

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minimal risk."

In Section 1580.80(a)(4), by omitting "deemed".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: This new Part delineates procedures for an institutional review board which is to review research involving human subjects that is conducted, sponsored, or supported by the Authority, to ensure the protection of human subjects.

16) Information and questions regarding these adopted rules shall be directed to:

Kristi J. Kangas, Legal Advisor
Illinois Criminal Justice Information Authority
120 S. Riverside Plaza
Chicago IL 60606-3997
312/793-8550 (Voice)
312/793-4170 (TDD)

The full text of the adopted rules begins on the next page:



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TITLE 20: CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
CHAPTER III: ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

PART 1580
PROTECTION OF HUMAN SUBJECTS IN RESEARCH CONDUCTED BY THE AUTHORITY

Section
1580.10 Purpose and Applicability
1580.20 Definitions
1580.30 Institutional Review Board Composition
1580.40 Institutional Review Board Procedures
1580.50 Expedited Review
1580.60 Additional Review Requirements
1580.70 Reporting Requirements
1580.80 Requirements for Submitting Research Proposals

AUTHORITY: Implementing and authorized by the Illinois Criminal Justice Information Act [20 ILCS 3930].

SOURCE: Adopted at 25 Ill. Reg. 12420, effective SEP 17 2001.

**Section 1580.10 Purpose and Applicability**

a) The Illinois Criminal Justice Information Authority (Authority) establishes this Part to institute procedures applicable to the creation and operation of an Institutional Review Board (IRB). The IRB shall review research involving human subjects that is conducted, sponsored, or supported by the Authority, to ensure the protection of human subjects. All research subject to this Part must have IRB review and approval before data collection for the research begins.

b) This Part was derived from and corresponds to 28 CFR 46, which requires institutions that receive federal funding for purposes of research involving human subjects to adhere to, and to establish and operate an IRB in accordance with, federal regulations. This Part is applicable to all research that is conducted, sponsored, or supported by the Authority that involves human subjects, whether or not it is federally funded.

c) Research involving human subjects that is conducted, sponsored, or supported by the Authority, for purposes of this Part, includes the following:

1) Research involving human subjects that is conducted by an Authority employee, within the scope of the employee's employment, that has not otherwise been reviewed and approved by an IRB that adheres to all applicable laws and regulations. The executive director of the Authority reserves the right to require research conducted by an Authority employee, within the scope of the employee's employment, that has been reviewed and approved by

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an IRB that adheres to all applicable laws and regulations to be subject to additional IRB review and approval, in accordance with this Part.

2) Research involving human subjects that is funded by the Authority, but conducted by an independent contractor, that has not otherwise been reviewed and approved by an IRB that adheres to all applicable laws and regulations. The executive director of the Authority reserves the right to require research involving human subjects that is funded by the Authority, but conducted by an independent contractor, that has been reviewed and approved by an IRB that adheres to all applicable laws and regulations, to be subject to additional IRB review and approval, in accordance with this Part.

**Section 1580.20 Definitions**

"Certifications" means the official notification by the Authority to the appropriate funding agency that a research project or activity involving human subjects has been reviewed and approved by an IRB; and the official notification by the Authority to the funding agency that applicable laws and regulations regarding confidentiality and privacy of identifiable research information have been adhered to.

"Exempt research" means research that involves human subjects, but according to applicable laws and regulations, including but not limited to 28 CFR 46.101(b), does not require IRB review and approval.

"Human subject" means a living individual about whom a researcher obtains data through intervention or interaction with the individual or identifiable private information.

"IRB" means an institutional review board established in accordance with and for the purposes expressed in this Part.

"IRB approval" means the determination of the IRB that the research has been reviewed and may be conducted within the constraints set forth by the IRB and by other applicable laws and regulations.

"Research" means a systematic investigation designed to develop or contribute to generalizable knowledge.

**Section 1580.30 Institutional Review Board Composition**

a) An IRB shall be qualified through the experience, expertise, and diversity of its members, considering race, gender, cultural backgrounds and sensitivity to issues such as community attitudes. The IRB shall review proposed research in light of existing Authority commitments; applicable laws, regulations and guidelines; and



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standards of professional conduct and practice. The IRB shall include persons with expertise in these areas.

b) IRB members shall be appointed by the executive director of the Authority. An IRB must consist of at least five members with varying backgrounds. The Authority must adhere to the following IRB membership rules:

1) Every nondiscriminatory effort must be made to ensure that an IRB does not consist entirely of men or entirely of women.
2) An IRB must not consist entirely of members of one profession.
3) An IRB must include at least one member whose primary concerns are in scientific areas.
4) An IRB must include at least one member whose primary concerns are in nonscientific areas.
5) An IRB must include at least one member who is not otherwise affiliated with, or part of the immediate family of a person who is affiliated with, the Authority.
6) An IRB member must not participate in the initial or continuing review of any project in which the member has a conflict of interest, except to provide information requested by the IRB.
7) An IRB may, in its discretion, invite individuals with special expertise to assist in the review of issues requiring that expertise. These individuals may not vote with the IRB.
8) An IRB must reflect all applicable laws and regulations regarding IRB membership.

**Section 1580.40 Institutional Review Board Procedures**

a) The general counsel of the Authority shall review all research applications involving human subjects to determine whether the application involves exempt research. If the general counsel determines that the research is exempt, the general counsel shall provide notice of, and justification for, this determination to the IRB members and the executive director of the Authority. If the general counsel does not receive any notice of disagreement with a determination of exempt status from IRB members within 10 working days after the mailing date of the notice, then the determination that the research is exempt will be considered approved by the IRB. If the general counsel receives notice of disagreement with a determination of exempt status from any IRB member, the research will be considered non-exempt and subject to IRB review and approval under this Part. Research projects determined to be exempt are not subject to further IRB review and approval. A determination by the IRB that a research project is exempt is subject to override by the executive director of the Authority.

b) All research applications involving human subjects that do not involve exempt research shall be reviewed by the IRB, in accordance with this Part. The IRB review of research applications must occur at meetings subject to the Open Meetings Act [5 ILCS 120]. IRB meetings must

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include a majority of IRB members who are present at the meeting in person or by electronic means, including at least one member whose expertise is in nonscientific areas. Minutes covering all activities will be taken and made available to the Authority.

c) The IRB shall operate in accordance with all applicable laws and regulations. The IRB has the authority to approve or disapprove, require modification to, or observe research. The IRB must provide written notification to the executive director of the Authority and researchers of approval or disapproval of, or required modifications to, proposed research.

d) The IRB may approve research applications involving human subjects if the IRB has determined that all of the following requirements are satisfied:

1) Risks to subjects must be minimized; researchers must use procedures that are consistent with sound research design and do not unnecessarily expose subjects to risk;

2) Risks to subjects must be reasonable in relation to the expected benefits to subjects and the knowledge that may reasonably be expected to result from the research;

3) The selection of subjects must be equitable;

4) Unless otherwise authorized by law or regulation, informed consent must be obtained and appropriately documented for each participating subject or the subject's legally authorized representative. When the IRB determines that the research project must include procedures for obtaining informed consent, the IRB shall ensure that informed consent is obtained under circumstances and through procedures that adhere to all applicable laws and regulations, and minimize any coercion or undue influence upon the subject or representative. Unless otherwise authorized by law or regulation, the following elements of informed consent must be provided to each human subject:

A) An explanation of the purposes of, and procedures involved in, the research and the expected duration of the subject's participation;

B) A description of any reasonably foreseeable risks or discomforts to the subject;

C) A description of any benefits to the subject or to others that may reasonably be expected from the research;

D) A statement describing how the confidentiality of records identifying the subject will be maintained;

E) Information regarding who should be contacted for answers to questions about the research and research subjects' rights and in the event of a research-related injury to the subject;

F) A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of those benefits; and

G) Any additional information that the IRB determines would further protect the rights and welfare of the subject;

5) The research must make any necessary provisions for data monitoring to ensure the safety of subjects;

6) There are adequate provisions for assuring the privacy of subjects and confidentiality of data;

7) When the research involves subjects likely to be vulnerable to coercion or undue influence, additional safeguards must be included to protect the rights and welfare of these subjects; and

8) The research must comply with applicable laws and regulations.

e) The IRB may deny requests to conduct the research for reasons including, but not limited to, that the risks posed to human subjects are too great and for noncompliance with applicable laws and regulations. A notice of disapproval must include the reasons for denial in sufficient detail that allows the researcher to respond. The researcher must be given the opportunity to respond to the denial in person or in writing to the IRB.

f) Research subject to this Part must have the approval of a majority of IRB members present at the meeting before data collection may begin.

**Section 1580.50 Expedited Review**

a) Research that involves no more than minimal risk to human subjects and their privacy and confidentiality may be eligible for an expedited review procedure. If so requested by the researcher, the IRB chairperson shall examine the research application and applicable laws and regulations to determine whether the research project involves no more than minimal risk and is eligible for the expedited review procedure. Research projects that are eligible for expedited review include those projects found in the list of research categories published as eligible for expedited review in the Federal Register by the Department of Health and Human Services (see 28 CFR 46.110(a)), and previously approved projects for which minor changes are proposed during the period for which the IRB has already given approval, when those projects or changes involve minimal risk.

b) If a research project is eligible for an expedited review procedure, the review may be carried out by the IRB chairperson or by one or more experienced reviewers designated by the chairperson from among members of the IRB. Under an expedited review procedure, the reviewers must consider provisions of Section 1580.40(d) and may approve the research application if those provisions are adhered to.

c) In reviewing the research application under an expedited review procedure, the reviewers may not disapprove the research application; a research application may be disapproved only after review in accordance with the non-expedited review procedure. Research applications that have been reviewed under, but not approved through, the expedited review procedure shall be subject to further review



ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

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under the non-expedited review procedure described in Section 1580.40.

d) The IRB chairperson shall keep all IRB members and the executive director of the Authority informed of research proposals that have been approved under the expedited review procedure.

**Section 1580.60 Additional Review Requirements**

a) Research projects are subject to IRB review and approval whenever changes are proposed to the research project. Changes may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the subjects.

b) For research projects that already have IRB approval, the IRB must perform continuing, periodic reviews at intervals commensurate to the degree of risk the research poses, but at least once a year.

c) Research that is subject to this Part may be subject to further review and approval or disapproval by the executive director of the Authority. Research reviewed by the executive director of the Authority shall be conducted in a manner consistent with the provisions of Section 1580.40. However, the executive director of the Authority may not approve the research if it has not been approved by an IRB.

**Section 1580.70 Reporting Requirements**

a) Researchers must report proposed research changes to the IRB and the executive director of the Authority. The executive director of the Authority shall inform the appropriate funding agency.

b) Any unanticipated problems involving risk or harm to subjects or others, noncompliance with applicable laws or regulations, or IRB requirements or determinations, must be immediately reported by the researcher to the IRB and the executive director of the Authority. The Authority and the IRB shall have the authorization and duty to suspend or terminate approval of research that is not being conducted in accordance with applicable laws or regulations, or IRB requirements or determinations, or that has been associated with unexpected risks or harm to subjects or others. Any suspension or termination of approval by the Authority or the IRB shall include a statement of the reasons for that action.

c) The executive director of the Authority shall notify the appropriate funding agency of any unanticipated problems involving risk or harm to subjects or others, any instance of serious or continuing noncompliance with applicable laws or regulations, or IRB requirements or determinations, and all suspensions and terminations of research approval.

d) The executive director of the Authority will forward all required certifications and documentation regarding the IRB review to the appropriate funding agency.

e) The researchers may be required to submit progress reports to the IRB,



the nature and frequency of which will be specified by the IRB.

f) The IRB shall submit a report to the Authority's Planning and Research Committee on the actions of the IRB, prior to the committee's regular meetings.

**Section 1580.80 Requirements for Submitting Research Proposals**

a) The person or entity requesting the research involving human subjects must submit to the general counsel of the Authority a research application that includes the following written documentation:

1) A formal research proposal including the names and vitae of the researchers; an abstract of the project; a full description of the project purpose, methodology, protocol, and duration; the number of subjects, the amount of time required for each subject, and a detailed description of the interaction with the subjects; the procedures for obtaining informed consent; the testing or measurement instruments; and Authority resources to be utilized;

2) Identification of funding sources for the research proposal;

3) Any certifications and assurances regarding the protection of human research subjects, privacy and confidentiality, that are required by applicable law or regulations; and

4) Any other information necessary to the IRB review procedure.

b) The general counsel of the Authority will review the application, in accordance with Section 1580.40(a).

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Conditions of Employment

2) Code Citation: 80 Ill. Adm. Code 303

3) Section Number: Emergency Action:
303.176 New

4) Statutory Authority: Implementing and authorized by the Personnel Code [20 ILCS 415]

5) Effective Date of Emergency Amendment: September 14, 2001

6) If this Emergency Amendment is to expire before the end of the 150 day period, please specify the date on which it is to expire: Not applicable

7) Date filed with the Index Department: September 14, 2001

8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: The terrorist attack of September 11, 2001, was unforeseen and devastating. The State of Illinois wants its employees to be able to respond as soon as possible to requests for assistance by the American Red Cross or the Illinois Emergency Management Agency (IEMA). As a result, this rule is being filed on an emergency basis.

10) A Complete Description of the Subjects and Issues Involved: The devastation resulting from the terrorist attack on September 11, 2001, is unprecedented. This rulemaking will allow State of Illinois employees to take a paid leave to provide needed assistance in response to requests from the American Red Cross or the Illinois Emergency Management Agency (IEMA). Current rules restrict paid leave for such a purpose to disasters occurring in Illinois and to certified disaster volunteers. This emergency rule removes such restrictions.

11) Are there any proposed amendments to this Part pending? Yes. These same amendments are simultaneously being proposed in this issue of the *Illinois Register*.

12) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local government.

13) Information and questions regarding these Emergency Amendments shall be directed to:



DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

Stephen W. Seiple
720 Stratton Office Building
Springfield IL 62706
217/782-9669

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 303
CONDITIONS OF EMPLOYMENT

SUBPART A: GRIEVANCE PROCEDURE

Section
303.10 Definition of a Grievance
303.20 Procedure
303.30 Grievance Committee
303.45 Representation

SUBPART B: LEAVE OF ABSENCE

Section
303.90 Sick Leave
303.100 Accumulation of Sick Leave
303.102 Payment in Lieu of Sick Leave
303.105 Reinstatement of Sick Leave
303.110 Advancement of Sick Leave
303.112 Sick Leave Bank
303.115 Veterans Hospital Leave
303.125 Leave for Personal Business
303.130 Maternity/Paternity and Adoption Leave
303.135 On-The-Job Injury -- Industrial Disease
303.140 Leaves of Absence Without Pay
303.142 Leave to Attend Union Conventions
303.145 Disability Leave
303.148 Family Responsibility Leave
303.150 Employee Rights After Leave
303.153 Failure to Return
303.155 Leave to Take Exempt Position
303.160 Military and Peace Corps Leave
303.170 Military Reserve Training and Emergency Call-Up
303.171 Leave for Military Physical Examinations
303.175 Disaster Service Leave With Pay
303.176 Disater Service Leave With Pay - Terrorist Attack EMERGENCY
303.180 Attendance in Court
303.190 Authorized Holidays
303.200 Holiday Observance
303.215 Payment for Holidays
303.220 Holiday During Vacation
303.225 Eligibility for Holiday Pay



DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

303.250 Vacation Eligibility
303.260 Prorated Vacation for Part-Time Employees
303.270 Vacation Schedule and Loss of Earned Vacation
303.290 Payment in Lieu of Vacation
303.295 Vacation Benefits on Death of Employee

SUBPART C: WORK HOURS AND SCHEDULES

Section
303.300 Work Schedules
303.310 Emergency Shut-Down
303.320 Overtime
303.330 Overtime Payable Upon Death
303.340 Attendance Records
303.350 Notification of Absence
303.355 Review of Attendance Records

SUBPART D: UNDATED OR INCOMPLETE FORMS

Section
303.360 Undated Forms
303.370 Incomplete Forms

SUBPART E: EMPLOYEE SEPARATIONS

Section
303.380 Reason for Separation
303.385 Repayment of Benefit Time

SUBPART F: TUITION REIMBURSEMENT

Section
303.390 Tuition Reimbursement

AUTHORITY: Implementing and authorized by the Personnel Code [20 ILCS 415].

SOURCE: Filed May 29, 1975; amended at 3 Ill. Reg. 22, p. 78, effective June 1, 1979; amended at 3 Ill. Reg. 26, p. 199, effective July 1, 1979; emergency amendment at 3 Ill. Reg. 48, p. 188, effective January 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 11, p. 70, effective March 1, 1980; amended at 4 Ill. Reg. 15, p. 216, effective March 31, 1980; amended at 4 Ill. Reg. 22, p. 227, effective June 1, 1980; amended at 5 Ill. Reg. 8029, effective August 1, 1981; codified at 7 Ill. Reg. 13209; emergency amendment at 8 Ill. Reg. 329, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7788, effective May 23, 1984; amended at 14 Ill. Reg. 3433, effective February 27, 1990; emergency amendment at 15 Ill. Reg. 5076, effective March 20, 1991, for a maximum of 150 days; emergency expired August 17, 1991; amended at 15 Ill. Reg. 5214, effective April 2, 1991; amended at 15 Ill. Reg. 14067,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENT

effective September 12, 1991; amended at 16 Ill. Reg. 8368, effective May 21, 1992; amended at 17 Ill. Reg. 5587, effective March 29, 1993; amended at 19 Ill. Reg. 8130, effective June 7, 1995; amended at 19 Ill. Reg. 11775, effective August 7, 1995; emergency amendment at 21 Ill. Reg. 11291, effective July 22, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 15454, effective November 24, 1997; amended at 23 Ill. Reg. 13815, effective November 4, 1999; emergency amendment at 24 Ill. Reg. 16694, effective October 27, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 4847, effective March 19, 2001; emergency amendment at 25 Ill. Reg. 12429, effective September 14, 2001, for a maximum of 150 days.

SUBPART B: LEAVE OF ABSENCE

**Section 303.176 Disaster Service Leave With Pay - Terrorist Attack**
**EMERGENCY**

In order to provide needed volunteer assistance in response to the terrorist attack that occurred on September 11, 2001, any employee, excepting those in temporary, emergency or per diem status, may be granted leave with pay for up to 20 working days in any 12 month period if such leave is requested by the American Red Cross or the Illinois Emergency Management Agency and approved by the employee's agency.

(Source: Amended by emergency rulemaking at 25 Ill. Reg. 12429, effective September 14, 2001, for a maximum of 150 days)



DEPARTMENT OF AGRICULTURE

NOTICE OF PEREMPTORY AMENDMENTS

1) Heading of Part: Meat and Poultry Inspection Act

2) Code Citation: 8 Ill. Adm. Code 125

3)

| Section Number: | Proposed Action: |
|---|---|
| 125.260 | Amended |
| 125.380 | Amended |

4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute which Requires this Peremptory Rulemaking: The Meat and Poultry Inspection Act [225 ILCS 650]; the Federal Meat Inspection Act (21 USCA 661); the Federal Poultry Products Inspection Act (21 USCA 454); and 66 FR 40843

5) Statutory Authority: The Meat and Poultry Inspection Act [225 ILCS 650]

6) Effective Date: September 13, 2001

7) A Complete Description of the Subjects and Issues Involved:

In order to maintain an "equal to" status with the federal meat and poultry products inspection program as required by the Federal Meat Inspection Act and the Poultry Products Inspection Act and in accordance with Section 16 of the Meat and Poultry Inspection Act, the Department is adopting amendments to the federal meat and poultry products inspection rules.

The Food Safety and Inspection Service (FSIS) is requiring that the source of natural sausage casings be disclosed on the product label if the casings are derived from a different type of meat or poultry than the meat or poultry encased in the sausage. Establishments producing, manufacturing or using natural sausage casings are also required to maintain records documenting the source of the casings. FSIS is requiring that the labels of sausage products encased in regenerated collagen casings disclose the use of the regenerated collagen casing. However, FSIS is not requiring that records on the source of regenerated collagen casings be kept.

8) Does this rulemaking contain an automatic repeal date? No

9) Date Filed with the Index Department: September 13, 2001

10) A copy of the peremptory amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

11) This peremptory amendment is in compliance with Section 5-150 of the Illinois Administrative Procedure Act.

DEPARTMENT OF AGRICULTURE

NOTICE OF PEREMPTORY AMENDMENTS

12) Are there any other proposed amendments pending on this Part: No

13) Statement of Statewide Policy Objectives: Peremptory amendment does not affect units of local government.

14) Information and questions regarding this peremptory amendment shall be directed to:

Linda Rhodes
Department of Agriculture
State Fairgrounds, P.O. Box 19281
Springfield IL 62794-9281
Telephone: 217/785-5713
Facsimile: 217/785-4505

The full text of the Peremptory Amendments begins on the next page:



DEPARTMENT OF AGRICULTURE

NOTICE OF PEREMPTORY AMENDMENTS

TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER c: MEAT AND POULTRY INSPECTION ACT

PART 125
MEAT AND POULTRY INSPECTION ACT

SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR POULTRY INSPECTION

Section


SUBPART B: MEAT INSPECTION

Section

DEPARTMENT OF AGRICULTURE

NOTICE OF PEREMPTORY AMENDMENTS



SUBPART C: POULTRY INSPECTION



AUTHORITY: Implementing and authorized by the Meat and Poultry Inspection Act [225 ILCS 650] and Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

SOURCE: Adopted at 9 Ill. Reg. 1782, effective January 24, 1985; peremptory amendment at 9 Ill. Reg. 2337, effective January 28, 1985; peremptory amendment at 9 Ill. Reg. 2980, effective February 20, 1985; peremptory amendment at 9 Ill. Reg. 4856, effective April 1, 1985; peremptory amendment at 9 Ill. Reg. 9240, effective June 5, 1985; peremptory amendment at 9 Ill. Reg. 10102, effective June 13, 1985; peremptory amendment at 9 Ill. Reg. 11673, effective July 17, 1985; peremptory amendment at 9 Ill. Reg. 13748, effective August 23, 1985; peremptory amendment at 9 Ill. Reg. 15575, effective October 2, 1985; peremptory amendment at 9 Ill. Reg. 19759, effective December 5, 1985; peremptory amendment at 10 Ill. Reg. 447, effective December 23, 1985; peremptory amendment at 10 Ill. Reg. 1307, effective January 7, 1986; peremptory amendment at 10 Ill. Reg. 3318, effective January 24, 1986; peremptory amendment at 10 Ill. Reg. 3880, effective February 7, 1986; peremptory amendment at 10 Ill. Reg. 11478, effective June 25, 1986; peremptory amendment at 10 Ill. Reg. 14858, effective August 22, 1986; peremptory amendment at 10 Ill. Reg. 15305, effective September 10, 1986; peremptory amendment at 10 Ill. Reg. 16743, effective September 19, 1986; peremptory amendment at 10 Ill. Reg. 18203, effective October 15, 1986; peremptory amendment at 10 Ill. Reg. 19818, effective November 12, 1986; peremptory amendment at 11 Ill. Reg. 1696, effective January 5, 1987; peremptory amendment at 11 Ill. Reg. 2930, effective January 23, 1987; peremptory amendment at 11



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NOTICE OF PEREMPTORY AMENDMENTS

Ill. Reg. 9645, effective April 29, 1987; peremptory amendment at 11 Ill. Reg. 10321, effective May 15, 1987; peremptory amendment at 11 Ill. Reg. 11184, effective June 5, 1987; peremptory amendment at 11 Ill. Reg. 14830, effective August 25, 1987; peremptory amendment at 11 Ill. Reg. 18799, effective November 3, 1987; peremptory amendment at 11 Ill. Reg. 19805, effective November 19, 1987; peremptory amendment at 12 Ill. Reg. 2154, effective January 6, 1988; amended at 12 Ill. Reg. 3417, effective January 22, 1988; peremptory amendment at 12 Ill. Reg. 4879, effective February 25, 1988; peremptory amendment at 12 Ill. Reg. 6313, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 6819, effective March 29, 1988; peremptory amendment at 12 Ill. Reg. 13621, effective August 8, 1988; peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988; peremptory amendment at 12 Ill. Reg. 20894, effective December 21, 1988; peremptory amendment at 13 Ill. Reg. 228, effective January 11, 1989; peremptory amendment at 13 Ill. Reg. 2160, effective February 13, 1989; amended at 13 Ill. Reg. 3696, effective March 13, 1989; peremptory amendment at 13 Ill. Reg. 15853, effective October 5, 1989; peremptory amendment at 13 Ill. Reg. 16838, effective October 11, 1989; peremptory amendment at 13 Ill. Reg. 17495, effective January 18, 1990; amended at 14 Ill. Reg. 3424, effective February 26, 1990; peremptory amendment at 14 Ill. Reg. 4953, effective March 23, 1990; peremptory amendment at 14 Ill. Reg. 11401, effective July 6, 1990; peremptory amendment at 14 Ill. Reg. 13355, effective August 20, 1990; peremptory amendment at 14 Ill. Reg. 16064, effective September 24, 1990; peremptory amendment at 14 Ill. Reg. 21060, effective May 29, 1991; peremptory amendment at 15 Ill. Reg. 620, effective January 2, 1991; peremptory amendment withdrawn at 15 Ill. Reg. 1574, effective January 2, 1991; peremptory amendment at 15 Ill. Reg. 3117, effective September 3, 1991; peremptory amendment at 15 Ill. Reg. 8714, effective May 29, 1991; amended at 15 Ill. Reg. 8801, effective June 7, 1991; peremptory amendment at 15 Ill. Reg. 13976, effective September 20, 1991; peremptory amendment at 16 Ill. Reg. 1899, effective March 2, 1992; amended at 16 Ill. Reg. 8349, effective May 26, 1992; peremptory amendment at 16 Ill. Reg. 11687, effective July 10, 1992; peremptory amendment at 16 Ill. Reg. 11963, effective July 22, 1992; peremptory amendment at 16 Ill. Reg. 12234, effective July 24, 1992; peremptory amendment at 16 Ill. Reg. 16337, effective October 19, 1992; peremptory amendment at 16 Ill. Reg. 17165, effective October 21, 1992; peremptory amendment at 17 Ill. Reg. 2063, effective February 12, 1993; peremptory amendment at 17 Ill. Reg. 15725, effective September 7, 1993; peremptory amendment at 17 Ill. Reg. 16238, effective September 8, 1993; peremptory amendment at 17 Ill. Reg. 18215, effective October 5, 1993; peremptory amendment at 18 Ill. Reg. 304, effective December 23, 1993; peremptory amendment at 18 Ill. Reg. 2164, effective January 24, 1994; amended at 18 Ill. Reg. 4622, effective March 14, 1994; peremptory amendment at 18 Ill. Reg. 6442, effective April 18, 1994; peremptory amendment at 18 Ill. Reg. 8493, effective May 27, 1994; amended at 18 Ill. Reg. 11489, effective July 7, 1994; peremptory amendment at 18 Ill. Reg. 12546, effective July 29, 1994; peremptory amendment at 18 Ill. Reg. 14475, effective September 7, 1994; amended at 18 Ill. Reg. 14924, effective September 26, 1994; peremptory amendment at 18 Ill. Reg. 15452, effective September 27, 1994; peremptory amendment at 19 Ill. Reg. 1342, effective January 27, 1995;

peremptory amendment at 19 Ill. Reg. 4765, effective March 13, 1995; peremptory amendment at 19 Ill. Reg. 7067, effective May 8, 1995; peremptory amendment at 19 Ill. Reg. 14896, effective October 6, 1995; peremptory amendment at 19 Ill. Reg. 15766, effective November 10, 1995; peremptory amendment at 19 Ill. Reg. 16866, effective December 22, 1995; peremptory amendment at 20 Ill. Reg. 5091, effective March 19, 1996; peremptory amendment at 20 Ill. Reg. 10403, effective July 17, 1996; amended at 20 Ill. Reg. 11928, effective September 1, 1996; peremptory amendment at 20 Ill. Reg. 12634, effective September 5, 1996; peremptory amendment at 20 Ill. Reg. 15371, effective November 13, 1996; peremptory amendment at 21 Ill. Reg. 1221, effective January 14, 1997; peremptory amendment at 21 Ill. Reg. 1719, effective January 28, 1997; peremptory amendment at 21 Ill. Reg. 6609, effective May 20, 1997; amended at 21 Ill. Reg. 11494, effective August 1, 1997; peremptory amendment at 21 Ill. Reg. 11788, effective August 8, 1997; peremptory amendment at 21 Ill. Reg. 12686, effective August 28, 1997; peremptory amendment at 21 Ill. Reg. 14575, effective October 22, 1997; peremptory amendment at 22 Ill. Reg. 3602, effective February 2, 1998; peremptory amended at 22 Ill. Reg. 5740, effective March 5, 1998; peremptory amendment at 22 Ill. Reg. 9384, effective May 15, 1998; peremptory amendment at 22 Ill. Reg. 20645, effective November 16, 1998; amended at 23 Ill. Reg. 450, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 3851, effective March 11, 1999; peremptory amendment at 23 Ill. Reg. 10880, effective August 19, 1999; amended at 24 Ill. Reg. 3933, effective February 22, 2000; peremptory amendment at 24 Ill. Reg. 5699, effective March 14, 2000; peremptory amendment at 24 Ill. Reg. 6734, effective April 14, 2000; amended at 24 Ill. Reg. 7197, effective April 27, 2000; peremptory amendment at 24 Ill. Reg. 14074, effective August 30, 2000; peremptory amendment at 24 Ill. Reg. 14451, effective September 15, 2000; peremptory amendment at 25 Ill. Reg. 7341, effective April 26, 2001; peremptory amendment at 25 Ill. Reg. 12434, effective September 13, 2001.

SUBPART B: MEAT INSPECTION

**Section 125.260 Labeling, Marking and Containers**

a) The Department incorporates by reference 9 CFR 317.1 through 317.2(j)(10), 317.2(j)(12) through 317.4(f)(2), 317.6, 317.8, 317.10 through 317.13, 317.17 through 317.24, 317.300, 317.302, 317.308, 317.309, 317.312, 317.313, 317.343, 317.344, 317.345, 317.354, 317.356, 317.360, 317.361, 317.362, 317.363, 317.369, 317.380, 317.400 (1997; 62 FR 45016, effective September 24, 1997; 63 FR 7279, effective February 13, 1998, 64 FR 732, effective March 8, 1999; 64 FR 53186, effective November 30, 1999; 64 FR 72168, effective January 24, 2000; 64 FR 72150, effective February 22, 2000; 65 FR 34381, effective August 28, 2000; 66 FR 40843, effective September 5, 2001).

b) The Department shall approve only those abbreviations for marks of inspection as specifically stated in Section 2.26(j)(3) and (k)(3), (4), (5) and (9) of the Act.

c) Labeling and sketch labeling shall be approved by the Department if



the label is in compliance with the provisions of this Section and the label is not misbranded in accordance with Section 2.20 of the Act. All labels and sketch labels shall be submitted to the Springfield office of the Department for approval.

d) The Department shall approve temporary labeling as stated in 9 CFR 317.4(f). Labeling which has received temporary approval shall not be used beyond the temporary approval period unless the printer or manufacturer of the label is unable to provide the official establishment with the labels before the expiration of the temporary approval.

e) The quantity of contents as shown on the label shall be in compliance with the Weights and Measures Act [225 ILCS 470] and the rules adopted thereto (8 Ill. Adm. Code 600).

f) The Department does not approve terms for generic labeling and considers the approval of terms as generic to be the responsibility of the federal government.

g) With regard to the incorporated language in 9 CFR 317.6, the extension of time for exhausting existing stocks of labels is not applicable since all labels presently in use are in compliance with the rules of this Part.

h) The Department does not issue a list of approved packaging materials and will permit for use any packaging material which has been approved by the U.S. Department of Agriculture (see 9 CFR 317.24 (1997)).

i) Labels to be used for the relabeling of inspected and passed product shall be permitted to leave the official establishment when the product must be relabeled because the original labels have become multilated or damaged. The official establishment shall reimburse the Department for any overtime costs, if applicable, involved for the inspector to supervise the relabeling of a product. The overtime charges shall be as set forth in Section 125.80.

j) The inspector shall grant authorization to transport labels, wrappers and containers bearing official marks from one official establishment to another official establishment provided the official establishment provides to the inspector the information required in 9 CFR 317.13 so that the inspector can notify the inspector at the destination point.

k) Labeling of custom slaughter and/or custom processed meat and/or meat products and the containers containing custom slaughtered and/or custom processed meat and/or meat products shall be as set forth in Section 5 of the Act.

l) References in the incorporated language to 9 CFR 312 shall be interpreted to mean in accordance with Section 125.90.

(Source: Amended by peremptory rulemaking at 25 Ill. Reg. 12434, effective September 13, 2001)

SUBPART C: POULTRY INSPECTION

**Section 125.380 Labeling and Containers**

DEPARTMENT OF AGRICULTURE

NOTICE OF PEREMPTORY AMENDMENTS

a) The Department incorporates by reference 381.115 through 381.127, 381.129 through 381.132(f), 381.134 through 381.140, 381.144(a) through 381.144(d), 381.400, 381.402, 381.408, 381.409, 381.412, 381.413, 381.443, 381.444, 381.445, 381.454, 381.456, 381.460, 381.461, 381.462, 381.463, 381.469, 381.480, 381.500 (1997; 62 FR 45016, effective September 24, 1997; 63 FR 7279, effective February 13, 1998; 63 FR 11359, effective May 8, 1998; 64 FR 732, effective March 8, 1999; 64 FR 53186, effective November 30, 1999; 64 FR 72168, effective January 24, 2000; 64 FR 72150, effective February 22, 2000; 65 FR 34381, effective August 28, 2000; 66 FR 40843, effective September 5, 2001).

b) Each shipping container and each immediate container containing inspected and passed poultry and/or poultry products shall be identified in accordance with the labeling provisions of this Section.

c) Immediate containers of poultry products packed in, bearing or containing any chemical additive shall bear a label naming the additive and the purpose of its use.

d) Labels for consumer packages shall be approved if the label is not misbranded in accordance with Section 2.20 of the Act and is in compliance with this Section.

e) The specific statements listed in 9 CFR 381.121 may be added to the label for the shipping container at the option of the licensee.

f) The quantity of contents as shown on the label shall be in compliance with the Weights and Measures Act and the rules adopted thereto (8 Ill. Adm. Code 600).

g) No labeling or containers that have not been approved shall be used until a final decision is rendered at an administrative hearing in accordance with Section 19 of the Act.

h) The Department shall approve the manufacture of a device or label containing an official mark of inspection provided the device or label is in compliance with Section 125.90.

i) Labeling and sketch labeling shall be approved by the Department if the label is in compliance with the provisions of this Section and the label is not misbranded in accordance with Section 2.20 of the Act. All labels and sketch labels shall be submitted to the Springfield office of the Department for approval.

j) The Department shall approve temporary labeling as stated in 9 CFR 381.132(f). Labeling which has received temporary approval shall not be used beyond the temporary approval period unless the printer or manufacturer of the label is unable to provide the official establishment with the permanent labels before the expiration of the temporary approval.

k) A copy of each label submitted for approval shall be accompanied by a statement showing the common or usual names, the kinds and percentages of the ingredients comprising the poultry product and a statement indicating the method or preparation of the product with respect to which the label is to be used. Laboratories used for chemical analysis shall be any approved laboratory as defined in 8 Ill. Adm.



DEPARTMENT OF AGRICULTURE

NOTICE OF PEREMPTORY AMENDMENTS

Code 20.1.

l) The Department does not approve terms for generic labeling and considers the approval of terms as generic to be the responsibility of the federal government.

m) The Department does not issue a list of approved packaging materials and will permit for use any packaging material which has been approved by the U.S. Department of Agriculture (see 9 CFR 317.24 (1997)).

n) Labels and devices approved for use pursuant to Section 125.90 and this Section shall be disposed of only when such labels or devices have been mutilated or damaged or when the establishment ceases to do business. Such labels and devices shall be given to the inspector for disposition.

o) The inspector shall grant authorization to transport labels, wrappers and containers bearing official marks from one official establishment to another official establishment provided the official establishment provides to the inspector the information required in 9 CFR 381.138 so that the inspector can notify the inspector at the destination point.

p) Labels to be used for the relabeling of inspected and passed product shall be permitted to leave the official establishment when the product must be relabeled because the original labels have become multilated or damaged. The official establishment shall reimburse the Department for any overtime costs, if applicable, involved for the inspector to supervise the relabeling of a product. The overtime charges shall be as set forth in Section 125.80.

q) Labeling of custom slaughtered and/or custom processed poultry and/or poultry products and the containers containing custom slaughtered and/or custom processed poultry products shall be as set forth in Section 5 of the Act.

r) The Department shall approve only those abbreviations for marks of inspection as specifically stated in Section 2.26(j)(3), (4), (5) and (9) of the Act.

(Source: Amended by peremptory rulemaking at 25 Ill. Reg. 12434, effective September 13, 2001)

DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Animal Disease Laboratories Act

2) Code Citation: 8 Ill. Adm. Code 110

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11639; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield IL 62794-9281

5) Other Pertinent Information: Each person presenting oral testimony shall provide a written copy of such testimony at the time the oral testimony is presented.

Individuals who are unable to attend the public hearing but wish to comment on the proposed rulemaking should submit written comments to:

Department of Agriculture
Attention: Linda Rhodes
P.O. Box 19281
Springfield IL 62794-9281
217/785-5713
FAX #: 217/785-4505

In order for mailed comments to be available for consideration at the public hearing, please mail no later than October 22, 2001. All comments received will be fully considered by the agency and the Advisory Board of Livestock Commissioners. The public hearing on the proposed rulemaking will run concurrently with a public meeting of the Advisory Board of Livestock Commissioners.



DEPARTMENT OF AGRICULTURE

1) Heading of Part: Diseased Animals

2) Code Citation: 8 Ill. Adm. Code 85

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11657; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield, IL 62794-9281

5) Other Pertinent Information:

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Springfield, IL 62794-9281
217/785-5713; FAX #: 217/785-4505.

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DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Illinois Bovidae and Cervidae Tuberculosis Eradication Act

2) Code Citation: 8 Ill. Adm. Code 80

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11652; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield IL 62794-9281

5) Other Pertinent Information: Each person presenting oral testimony shall provide a written copy of such testimony at the time the oral testimony is presented.

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DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Illinois Pseudorabies Control Act

2) Code Citation: 8 Ill. Adm. Code 115

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11689; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield IL 62794-9281

5) Other Pertinent Information: Each person presenting oral testimony shall provide a written copy of such testimony at the time the oral testimony is presented.

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Department of Agriculture
Attention: Linda Rhodes
P.O. Box 19281
Springfield IL 62794-9281
217/785-5713
FAX #: 217/785-4505

In order for mailed comments to be available for consideration at the public hearing, please mail no later than October 22, 2001. All comments received will be fully considered by the agency and the Advisory Board of Livestock Commissioners. The public hearing on the proposed rulemaking will run concurrently with a public meeting of the Advisory Board of Livestock Commissioners.

DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Livestock Auction Markets

2) Code Citation: 8 Ill. Adm. Code 40

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11679; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield, IL 62794-9281

5) Other Pertinent Information:

Each person presenting oral testimony shall provide a written copy of such testimony at the time the oral testimony is presented.

Individuals who are unable to attend the public hearing but wish to comment on the Proposed Rules should submit written comments to:

Department of Agriculture
Attention: Linda Rhodes
P.O. Box 19281
Springfield, IL 62794-9281
217/785-5713; FAX #: 217/785-4505.

In order for mailed comments to be available for consideration at the public hearing, please mail no later than October 22, 2001. All comments received will be fully considered by the agency and the Advisory Board of Livestock Commissioners. The public hearing on the proposed rulemaking will run concurrently with a public meeting of the Advisory Board of Livestock Commissioners.



DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Livestock Dealer Licensing

2) Code Citation: 68 Ill. Adm. Code 610

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11685; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield IL 62794-9281

5) Other Pertinent Information: Each person presenting oral testimony shall provide a written copy of such testimony at the time the oral testimony is presented.

Individuals who are unable to attend the public hearing but wish to comment on the proposed rulemaking should submit written comments to:

Department of Agriculture
Attention: Linda Rhodes
P.O. Box 19281
Springfield IL 62794-9281
217/785-5713
FAX #: 217/785-4505

In order for mailed comments to be available for consideration at the public hearing, please mail no later than October 22, 2001. All comments received will be fully considered by the agency and the Advisory Board of Livestock Commissioners. The public hearing on the proposed rulemaking will run concurrently with a public meeting of the Advisory Board of Livestock Commissioners.

DEPARTMENT OF AGRICULTURE

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

1) Heading of the Part: Swine Disease Control and Eradication Act

2) Code Citation: 8 Ill. Adm. Code 105

3) Register Citation to Notice of Proposed Rules: 25 Ill. Reg. 11694; September 14, 2001

4) Date, Time and Location of Public Hearing:

Thursday, October 25, 2001 at 10:00 a.m.
Illinois Department of Agriculture
Agriculture Building, Room 66
State Fairgrounds, 8th & Sangamon
Springfield IL 62794-9281

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Department of Agriculture
Attention: Linda Rhodes
P.O. Box 19281
Springfield IL 62794-9281
217/785-5713
FAX #: 217/785-4505

In order for mailed comments to be available for consideration at the public hearing, please mail no later than October 22, 2001. All comments received will be fully considered by the agency and the Advisory Board of Livestock Commissioners. The public hearing on the proposed rulemaking will run concurrently with a public meeting of the Advisory Board of Livestock Commissioners.



NOTICE OF PUBLIC INFORMATION

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

Due to the emergency closing of State offices on September 11, 2001, the scheduled JCAR meeting was not conducted. The meeting will not be rescheduled. Proposed rulemakings on the agenda for that meeting may be adopted when the 45-day Second Notice period expires. Emergency, required or exempt rulemakings, expedited correction or agency responses on that agenda have been rescheduled for the October 16, 2001 JCAR meeting in Chicago.

JOINT COMMITTEE ON ADMINSTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of September 11, 2001 through September 17, 2001 and have been scheduled for review by the Committee at its October 16, 2001 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

| Second Notice Expires | Agency and Rule | Start Of First Notice | JCAR Meeting |
|---|---|---|---|
| 10/24/01 | Department of Central Management Services, Pay Plan (80 Ill Adm Code 310) | 7/20/01 25 Ill Reg 8911 | 10/16/01 |
| 10/26/01 | Department of Central Management Services, Pay Plan (80 Ill Adm Code 310) | 5/4/01 25 Ill Reg 5774 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Violations (Repeal) (11 Ill Adm Code 1303) | 6/29/01 25 Ill Reg 7878 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Illinois Racing Board (11 Ill Adm Code 200) | 6/29/01 25 Ill Reg 7855 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Pari-Mutuels (11 Ill Adm Code 300) | 6/29/01 25 Ill Reg 7861 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Illinois Racing Board (Repeal) (11 Ill Adm Code 1301) | 6/29/01 25 Ill Reg 7858 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Fines, Suspension, and Expulsion (Repeal) (11 Ill Adm Code 1322) | 6/29/01 25 Ill Reg 7842 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Stewards (11 Ill Adm Code 1402) | 6/29/01 25 Ill Reg 7868 | 10/16/01 |



JOINT COMMITTEE ON ADMINSTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

| | | | |
|---|---|---|---|
| 10/27/01 | Illinois Racing Board, Protests and Appeals (Repeal) (11 Ill Adm Code 1323) | 6/29/01 25 Ill Reg 7864 | 10/16/01 |
| 10/27/01 | Illinois Racing Board, Disciplinary Rules (11 Ill Adm Code 211) | 6/29/01 25 Ill Reg 7836 | 10/16/01 |
| 10/31/01 | Department of Central Management Services, Pay Plan (80 Ill Adm Code 310) | 6/8/01 25 Ill Reg 7008 | 10/16/01 |

## PROCLAMATIONS

### 2001-435 (REVISED)
### MARVIN AND CAROLYN QUNELL'S 50TH WEDDING ANNIVERSARY

WHEREAS, Marvin and Carolyn Qunell met while attending Bloom High School; and

WHEREAS, they were married in 1951; and

WHEREAS, the two are parents to four children and grandparents to six grandchildren; and

WHEREAS, Marv has made many significant contributions to the community as President of the Little League, a member of Steger Volunteer Fire Department, a member of Elementary School Board member for over 20 years and currently president of that Board; and

WHEREAS, Marv has also been recognized for his accomplishments when he received the "Those Who Excel in Education Award"; and

WHEREAS, Carol has also been invaluable to the community in her work as Vice President of the Elementary School Board, a member of Kwansis, and a member of the Steering Committee for the Village Bi-Cenntenial; and

WHEREAS, Carol has been a recipient of the "PTA Lifetime Member Award" and given the "Citizens' Award from Steger Centennial" for her service; and

WHEREAS, Marv and Carol will be celebrating their 50th wedding anniversary on September 8;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois proclaim September 8, 2001, as MARVIN AND CAROLYN QUNELL'S 50th WEDDING ANNIVERSARY, and wish them many more years of happiness.

Issued by the Governor August 3, 2001.

Filed by the Secretary of State September 6, 2001.

### 2001-485
### CHIROPRACTIC HEALTH CARE MONTH

WHEREAS, doctors of chiropractic throughout the United States are active in community programs targeted at improving the health of our citizens; and

WHEREAS, chiropractors have long stressed that exercise, good posture, and balanced nutrition are essential to proper growth, development and health maintenance; and

WHEREAS, the science of chiropractic and the physicians who practice it have contributed greatly to the better health of some two million of our state's citizens; and

WHEREAS, the Illinois Chiropractic Society and the Illinois Prairie State Chiropractic Association will hold fall conventions to further enhance the quality of chiropractic health care available to the public;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 2001 as CHIROPRACTIC HEALTH CARE MONTH in Illinois.

Issued by the Governor August 30, 2001.

Filed by the Secretary of State September 6, 2001.

### 2001-486
### EARTH SCIENCE WEEK

WHEREAS, geology and the other earth sciences are fundamental to society;



and

WHEREAS, the earth sciences are integral to finding, developing, and conserving mineral, energy, and water resources needed for society; and

WHEREAS, the earth sciences provide the basis for preparing for and mitigating natural hazards such as floods, landslides, earthquakes, volcanic eruptions, sinkholes, and coastal erosion; and

WHEREAS, the earth sciences are crucial to environmental and ecological issues ranging from water and air quality to waste disposal; and

WHEREAS, geological factors of resources, hazards, and environment are vital to land management and land use decisions at local, state, regional, national, international, and global levels; and

WHEREAS, the earth sciences contribute critical pieces to our understanding of Nature;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 7-13, 2001, as EARTH SCIENCE WEEK in Illinois.

Issued by the Governor August 30, 2001.

Filed by the Secretary of State September 6, 2001.

### 2001-487
### GFWC ILLINOIS JUNIOR WOMEN'S CLUB WEEK

WHEREAS, the GFWC Illinois Federation of Women's Clubs Junior Organization has served the communities of Illinois for over 54 years; and

WHEREAS, the GFWC Illinois Federation of Women's Clubs Junior Organization has over 2,600 members in 100 clubs spread throughout the State of Illinois; and

WHEREAS, during 2000, clubs reported 354,751 volunteer hours on 3,506 projects and programs and donated more than $1.3 million dollars; and

WHEREAS, in the past 20 years, more than $310,000 has been donated to the Children's Research Foundation; and

WHEREAS, during this administration the focus is on prevention of child abuse and a safe place for every child, very special arts, youth literacy, safety for older Americans and Libraries 2000; and

WHEREAS, special emphasis is on Organ/Tissue Donation Awareness implemented through the "Life Goes On" project; and

WHEREAS, the goal is to improve awareness across the state to make waiting lists a thing of the past and to educate our communities of the serious need for organ donors and the importance of sharing their wishes with family members;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 7-13, 2001, as GFWC ILLINOIS JUNIOR WOMEN'S CLUB WEEK in Illinois.

Issued by the Governor August 30, 2001.

Filed by the Secretary of State September 6, 2001.

### 2001-488
### LASALLE BANK CHICAGO MARATHON WEEK

WHEREAS, the LaSalle Bank Chicago Marathon has been in existence annually since 1977; and

WHEREAS, the Chicago Marathon is a world class event sponsored by LaSalle Bank and more than 30 other sponsors; and

WHEREAS, as the race approaches, excitement builds around Chicagoland as

street banners are displayed around the Loop, as well as O'Hare International Airport; and

WHEREAS, during race weekend, more than 6,000 volunteers, including 1,200 men and women from Chicago Police, Park District, Public Works, and Streets and Sanitation departments will assist in producing a safe event; and

WHEREAS, an estimated 900,000 spectators will line 26.2 miles of Chicago's city streets from Grant Park to Lincoln Park to South Commons; and

WHEREAS, music and cheers will greet runners passing though neighborhoods like Greektown, Chinatown, Pilsen, and the Gap District; and

WHEREAS, the 24th running of the LaSalle Bank Chicago Marathon is to be held Sunday, October 7, 2001, at 7:30 a.m. starting in Grant Park;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 1-7, 2001, as LASALLE BANK CHICAGO MARATHON WEEK in Illinois.

Issued by the Governor August 30, 2001.

Filed by the Secretary of State September 6, 2001.

**2001-489**
**BOB HARRIS DAY**

WHEREAS, Mr. Bob Harris joined the University of Illinois Extension after he earned his B.S. from the University of Illinois in 1964, and his M.S. in 1966; and

WHEREAS, in 1969, Mr. Harris married Clenda; and

WHEREAS, Mr. Harris received the Action Award in 1971; and

WHEREAS, in 1976, Mr. Harris received the Achievement Award; and

WHEREAS, Mr. Harris received the Distinguished Service Award in 1983; and

WHEREAS, Mr. Harris may be the only person in Extension history to be awarded all three awards by the Illinois Extension Agricultural Association; and

WHEREAS, he has received the Program Excellence Award and the Search for Excellence Award three times; and

WHEREAS, Mr. Harris was awarded the NACAA Ciba-Geigy "Crop Production" Award in 1985; and

WHEREAS, he brought the two counties of Moultrie and Douglas together as one unit and has been its Unit Leader since 1990, cumulating 34 years of dedicated service;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 24, 2001, as BOB HARRIS DAY in Illinois.

Issued by the Governor September 4, 2001.

Filed by the Secretary of State September 6, 2001.

**2001-490**
**DRUG-FREE YOUTH DAYS**

WHEREAS, the Illinois Drug Education Alliance (IDEA) is presenting its 19th Annual Drug Prevention Conference, "Be Real + Play Life to Win + Be Drug Free!" on Sunday, November 18, and Monday, November 19, in Chicago; and

WHEREAS, the Illinois Drug Education Alliance feels strongly + "it is better to build children than to repair men and women"; and

WHEREAS, the Illinois Drug Education Alliance believes prevention offers individuals and communities an opportunity to stop alcohol, tobacco, and other drug problems before they start and provides hope affecting individual and



community change to support healthy behaviors; and

WHEREAS, more than 1,200 Illinois young people, dedicated to the DRUG-FREE lifestyle, will participate in two days of drug prevention education and leadership training. These young people will carry the DRUG-FREE message back to their schools and communities, and become role-models to their peers; and

WHEREAS, educators, parents, volunteers, and other adults will attend and participate in the 19th Annual Illinois Drug Education Alliance Conference. These adults will train, encourage, and support young people in their choice of the DRUG-FREE lifestyle; and

WHEREAS, the Illinois Drug Education Alliance stands firmly with the Illinois Department of Human Services, Division of Community Health and Prevention and all of its Partners in Prevention + Office of the Governor, Futures for Kids - Office of the Lieutenant Governor, Office of the Attorney General, Office of the Secretary of State, Office of the State Treasurer, Illinois Department of Transportation, Division of Public Safety, Illinois State Board of Education, Illinois National Guard, Drug Enforcement Administration, U.S. Customs Service, University of Illinois Extension, Students Against Destructive Decisions, Operation Snowball, Inc., Illinois Elks Association, Alliance Against Intoxicated Motorists and Illinois Principals Association - and with many other state and national organizations that encourage the promotion of sound drug prevention programs; and

WHEREAS, the Illinois Drug Education Alliance (IDEA) is presenting its 18th Annual Drug Prevention Conference, "Celebrating Drug-Free Youth", on Sunday, November 18, and Monday, November 19, in Peoria;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim November 18-19, 2001, as DRUG-FREE YOUTH DAYS in Illinois.

Issued by the Governor September 4, 2001.

Filed by the Secretary of State September 6, 2001.

**2001-490 (REVISED)**
**DRUG-FREE YOUTH DAYS**

WHEREAS, the Illinois Drug Education Alliance (IDEA) is presenting its 19th Annual Drug Prevention Conference, "Be Real + Play Life to Win + Be Drug Free!" on Sunday, November 18 and Monday, November 19 in Chicago; and

WHEREAS, the Illinois Drug Education Alliance feels strongly + "it is better to build children than to repair men and women"; and

WHEREAS, the Illinois Drug Education Alliance believes prevention offers individuals and communities an opportunity to stop alcohol, tobacco, and other drug problems before they start and provides hope affecting individual and community change to support healthy behaviors; and

WHEREAS, more than 1,200 Illinois young people, dedicated to the DRUG-FREE lifestyle, will participate in two days of drug prevention education and leadership training. These young people will carry the DRUG-FREE message back to their schools and communities, and become role-models to their peers; and

WHEREAS, educators, parents, volunteers, and other adults will attend and participate in the 19th Annual Illinois Drug Education Alliance Conference. These adults will train, encourage, and support young people in their choice of the DRUG-FREE lifestyle; and

WHEREAS, the Illinois Drug Education Alliance stands firmly with the Illinois Department of Human Services, Division of Community Health and Prevention and all of its Partners in Prevention + Office of the Governor,

Futures for Kids - Office of the Lieutenant Governor, Office of the Attorney General, Office of the Secretary of State, Office of the State Treasurer, Illinois Department of Transportation, Division of Public Safety, Illinois State Board of Education, Illinois National Guard, Drug Enforcement Administration, U.S. Customs Service, University of Illinois Extension, Students Against Destructive Decisions, Operation Snowball, Inc., Illinois Elks Association. Alliance Against Intoxicated Motorists and Illinois Principals Association - and with many other state and national organizations that encourage the promotion of sound drug prevention programs;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim November 18-19, 2001, as DRUG-FREE YOUTH DAYS in Illinois in recognition of the Illinois Drug Education Alliance and its Partners in Prevention in bringing a DRUG-FREE message to the youth of our state.

Issued by the Governor September 5, 2001.

Filed by the Secretary of State September 6, 2001.

**2001-491**
**FOOD SAFETY AWARENESS MONTH**

WHEREAS, the United States has one of the safest food supplies in the world; and

WHEREAS, safe food handling by employees is emphasized on a continual basis in the retail sector at a tremendous cost to the retailer; and

WHEREAS, such training has gone on for decades; and

WHEREAS, retailers have been at the cutting edge of the development of safe food handling procedures; and

WHEREAS, despite the constant training and evolution of safe food handling procedures, as many as 5,000 deaths and 76 million cases of food-borne illnesses occur each year in the U.S.; and

WHEREAS, 250,000 food-borne illnesses occur in Illinois each year; and

WHEREAS, the vast majority of these food-borne illnesses occur in the home and might be avoided with appropriate consumer education; and

WHEREAS, the retail sector in Illinois continues to work with the appropriate state and local health agencies to better educate consumers on good food safety procedures, as well as develop even better food handling procedures; and

WHEREAS, September has been designated as National Food Safety Awarenèss Month; and

WHEREAS, the citizens of Illinois are encouraged to join the Illinois Retail Merchants Association and its members, the Illinois Food Retailers Association and its members, the Illinois Department of Public Health and Illinois' local health departments, the Illinois Department of Agriculture, the Illinois Press Association and its members, the Illinois Association of Convenience Stores and its members and the Illinois Restaurant Association and its members in recognizing September 2001 as Food Safety Awareness Month in Illinois;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 2001 as FOOD SAFETY AWARENESS MONTH in Illinois.

Issued by the Governor September 4, 2001.

Filed by the Secretary of State September 6, 2001.

**2001-492**
**KEVIN AND SUE BREHENY DAY**



WHEREAS, Kevin and Sue Breheny have been active leaders and contributors to their community for many years; and

WHEREAS, Kevin has served on the Board of Directors for the Decatur & Macon County Chamber of Commerce (1993, 1998-2001), President and General Chairman of the Decatur Celebration (1998-1999), Director of Junior Achievement (2000), Chairman of the Millikin/Decatur Executive Association (1998-1999), Chairman of the Richland Community College Foundation Board (1995-1998), and President of the Decatur Club (1991); and

WHEREAS, Kevin currently serves as the Chairman of the Quincy University Foundation, Director of the Country Club of Decatur, Director of Quincy University, Director of the Central Illinois Advisory Board at Union Planters Bank, Director and President of the Foundation Board at St. Teresa High School, Director of St. Mary's Hospital Board, Chairman of the Associated General Contractors of Illinois, and Vice-Chairman of the Economic Development Corporation of Decatur/Macon Country; and

WHEREAS, Kevin has been the recipient of many awards including President of the Decatur Club (1991), City of Decatur Mayor's Recognition for Community Service Award (2000), Sam Walton Business Leader Award (1999), Business Quarterly Macon County Top Business Leaders Award (1998), Orb Award (1998), Chamber of Commerce for Decatur and Macon County Public Relations Award (1991), Young Insurance Agent of the Year in Illinois (1991), and Chamber of Commerce for Decatur and Macon County Small Business of the Year Award (1990); and

WHEREAS, Sue has also been active in the community with her participation as a lifetime member of the Junior Welfare Association, Co-Chair Junior Welfare Association Futures Gold Tournament (1994), a volunteer at Our Lady of Lourdes School and Church, and a Parish Council member of Our Lady of Lourdes Church; and

WHEREAS, both Kevin and Sue are social chairs for Country Club of Decatur, chairpersons for the Springfield Diocesan Campaign for Bishop George Lucas, and members of the Equestrian Order of the Knights of the Holy Sepulchre; and

WHEREAS, Easter Seals Central Illinois has chosen to honor Kevin and Sue Breheny in its third "Seal of Excellence" Tribute Dinner on Saturday, August 25, 2001;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 25, 2001, as KEVIN AND SUE BREHENY DAY in Illinois.

Issued by the Governor September 4, 2001.

Filed by the Secretary of State September 6, 2001.

**2001-493**
**KIDS DAY AMERICA/INTERNATIONAL**

WHEREAS, the health and well being of Illinois children is our responsibility; and

WHEREAS, the safety of our children is a significant concern for parents, community leaders and health care givers; and

WHEREAS, environmental welfare is of universal concern and deserves the utmost attention; and

WHEREAS, if started during childhood, proper habits and values can be maintained for a lifetime, producing a valued member of society and enhancing our community;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 22, 2001, as KIDS DAY AMERICA/INTERNATIONAL in Illinois.

Issued by the Governor September 4, 2001.
Filed by the Secretary of State September 6, 2001.

**2001-494**
**SONOGRAPHY AWARENESS MONTH**

WHEREAS, the health of all citizens is a major concern and responsibility of healthcare professionals serving the citizens of the State of Illinois; and

WHEREAS, qualified professionals who specialize in the use of diagnostic medical ultrasound to aid the physician in the diagnosis of disease share a commitment to provide quality healthcare for the people of this state; and

WHEREAS, professionals in sonography are dedicated to the highest standards of professionalism and maintain these standards through continuing education, credentialing and a personal commitment; and

WHEREAS, October 2001 has been designated Sonography Awareness Month to focus on the use of diagnostic medical ultrasound examinations provided through the skilled and conscientious efforts of Diagnostic Medical Sonographers in the state;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 2001 as SONOGRAPHY AWARENESS MONTH in Illinois.

Issued by the Governor September 4, 2001.
Filed by the Secretary of State September 6, 2001.

**2001-484 (REVISED)**
**JOSEPH LEE LANENGA DAY**

WHEREAS, on September 7, 1976, Joseph Lee Lanenga entered the doors of Elim Christian School. Joe was to teach 16 to 21-year-olds in a classroom/workshop combination. From that moment on, services for Adults with Disabilities on the southside of Chicago would never be the same; and

WHEREAS, in 1978, at the age of 24, Joseph Lanenga became the Director of Elim Workservices. It was during this period that he also served as a consultant to Bethshan Association in matters of Public Aid and state relations; and

WHEREAS, Bethshan Association, a residential facility for adults with disabilities, recruited Joe to serve as Interim Director in 1983. Here Joe continued to serve many of the same adults whom he had taught at Elim; and

WHEREAS, Joe assumed leadership as Executive Director of Bethshan Association in 1984, when the organization served 45 adults in an ICF/DD setting and employed a staff of 20. The following 17 years would see Bethshan grow to its current capacity of 122 adults with disabilities in 12 programs scattered in the south suburbs of Chicago; and

WHEREAS, under Joe's direction, Bethshan has earned statewide recognition for its leadership, its vision and its commitment to quality services for adults with disabilities; and

WHEREAS, Joe has encouraged independence, advocated for change, and demanded accountability from everyone under his leadership. It is Joe's unique style, his generous spirit, his dedication, and his loyalty to everyone he serves that provides the atmosphere and environment that continues to empower adults with disabilities;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 9, 2001, as JOSEPH LEE LANENGA DAY in Illinois.



Issued by the Governor August 29, 2001.
Filed by the Secretary of State September 13, 2001.

**2001-495**
**ALCOHOL AND DRUG ADDICTION RECOVERY MONTH**

WHEREAS, the Department of Human Services/Office of Alcoholism and Substance Abuse celebrates September 2001 as National Alcohol and Drug Addiction Recovery Month; and

WHEREAS, acknowledging September 2001 offers advocates of substance abuse treatment an opportunity to educate the public and policymakers about the effectiveness of treatment, both societal and financial; and

WHEREAS, substance abuse is a major public health problem that affects millions of Americans of all ages, races, and ethnic backgrounds and in all communities and which has a huge medical, societal, and economic cost; and

WHEREAS, thousands of health care providers have dedicated their lives to the recovery process and to the education of the public about alcoholism, drug dependence, and treatment issues;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 2001 as ALCOHOL AND DRUG ADDICTION RECOVERY MONTH in Illinois and encourage all citizens to support this year's theme - "We Recover Together: Family, Friends, and Community." - by supporting men, women, and youth who are in drug and alcohol addiction treatment and recovery.

Issued by the Governor September 10, 2001.
Filed by the Secretary of State September 13, 2001.

**2001-496**
**HAVE A HEART FOR SICKLE CELL ANEMIA AWARENESS MONTH**

WHEREAS, on Thursday, September 27, 2001, the "Have A Heart for Sickle Cell Anemia Foundation" will hold its 14th Annual Gala at Chicago's Millennium Steakhouse, located at 832 West Randolph, 2nd Floor Dining Room; and

WHEREAS, Illinois Secretary of State Jesse White will serve as Honorary Chairperson; and

WHEREAS, sickle cell anemia is an inherited, genetic condition that interferes with the ability of red blood cells to carry oxygen throughout the body; and

WHEREAS, presently there is no cure for sickle cell anemia, but with improved care, most patients are living long and very productive lives; and

WHEREAS, this condition is most common in Africans and African-Americans, however, persons who originate from the Caribbean, Latin America, some parts of the Far East and southeast Asia, the Mediterranean, Italy, and some Middle Eastern areas out also effected by this illness; and

WHEREAS, since 1982, Linda Collins, who herself has sickle cell disease, has been a well known statewide advocate for those with chronic medical problems, especially with Sickle Cell Anemia; and

WHEREAS, the "Have a Heart for Sickle Cell Foundation" was established by Linda Collins, and has provided support for research, as well as providing education and helping others with sickle cell anemia become empowered to cope with this illness; and

WHEREAS, the Have A Heart for Sickle Cell Anemia Foundation was able to successfully lobby for $1.9 million to support a Sickle Cell Anemia

Comprehensive Treatment and Research Center, which will be located at the University of Illinois at Chicago Hospital; and

WHEREAS, a Purple and Fuchsia ribbon is The Have A Heart for Sickle Cell Anemia Foundation symbol for the disorder;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 2001 as HAVE A HEART FOR SICKLE CELL ANEMIA AWARENESS MONTH in Illinois.

Issued by the Governor September 11, 2001.

Filed by the Secretary of State September 13, 2001.

**2001-497**
**LEUKEMIA & LYMPHOMA AWARENESS MONTH**

WHEREAS, blood-related cancers currently afflict more than 620,000 Americans with an estimated 108,000 new cases diagnosed each year; and

WHEREAS, leukemia, lymphoma, and myeloma will kill an estimated 60,500 people in the United States this year; and

WHEREAS, The Leukemia & Lymphoma Society, through voluntary contributions, is dedicated finding curse for these diseases through research efforts and the support for those that suffer from them; and

WHEREAS, The Leukemia & Lymphoma Society maintains an office in Chicago, Illinois, to support patients with these diseases and their family members in the State of Illinois; and

WHEREAS, the State of Illinois is similarly committed to the eradication of these diseases and supports the treatment of its citizens that suffer from them; and

WHEREAS, the State of Illinois encourages private efforts to enhance research funding and education programs that address these diseases;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 2001 as LEUKEMIA 26 LYMPHOMA AWARENESS MONTH in Illinois to enhance the understanding of blood-related cancers and to encourage participation in voluntary activities to support education programs and the funding of research programs to find a cure for them.

Issued by the Governor September 11, 2001.

Filed by the Secretary of State September 13, 2001.

**2001-498**
**GRAND EXCURSION 2004**

WHEREAS, the concept of the Grand Excursion 2004 was born in 1994 when Saint Paul, Minnesota, began a campaign to reclaim its relationship with the Mississippi River; and

WHEREAS, in order to accomplish this, city leaders created a 10-year timeline with goals for accomplishing major city improvement projects; and

WHEREAS, the Grand Excursion 2004 will coincide with the 150th Anniversary of the Grand Excursion Event of 1854, a magnificent Upper Mississippi steamboat flotilla of 1,200 passengers led by former President Millard Fillmore from Rock Island, Illinois, to the Falls of Saint Anthony, Minnesota; and

WHEREAS, Grand Excursion 2004 will commemorate the rich heritage of the Upper Mississippi region, while providing a forum for new and enhanced Upper Mississippi River historical, natural resource, cultural and educational activities;



THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim support for the Grand Excursion 2004 event concept.

Issued by the Governor September 12, 2001.

Filed by the Secretary of State September 13, 2001.

**2001-499**
**REHABILITATION AWARENESS WEEK**

WHEREAS, Marianjoy Rehabilitation Hospital in Wheaton is committed to providing rehabilitation care to people in the Chicagoland community; and

WHEREAS, rehabilitation services are a vital component in modern health care; and

WHEREAS, health care employees such as physicians, nurses, physical and occupational therapists, social services personnel, administrators, support staff and others involved in providing rehabilitation services are an integral part of the health care team; and

WHEREAS, these individuals' hard work and dedication help people recover from illness or injury and improve the quality of life in the community; and

WHEREAS, Marianjoy Rehabilitation Hospital salutes rehabilitative care personnel and the important role they play in maintaining the Chicagoland area as a healthy and productive community;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 16-22, 2001, as REHABILITATION AWARENESS WEEK in Illinois.

Issued by the Governor September 12, 2001.

Filed by the Secretary of State September 13, 2001.